

Reel

#42

L.A.

L-125		NAME OF INDIVIDUAL		LOUISIANA	
COLOR		AGE	BIRTHPLACE	E.D.	SHEET
B		28	Miss	B/128	3
COUNTY			CITY		
Washington					
ENUMERATED WITH					
Thomas Hillman					
RELATIONSHIP TO ABOVE					
<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> GRANDSON <input type="checkbox"/> GRANDDAUGHTER <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE		<input type="checkbox"/> NEPHEW <input type="checkbox"/> NIECE <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> SON-IN-LAW <input type="checkbox"/> DAUGHTER-IN-LAW <input type="checkbox"/> BROTHER-IN-LAW <input type="checkbox"/> SISTER-IN-LAW		<input type="checkbox"/> INMATE <input type="checkbox"/> NURSE <input type="checkbox"/> PATIENT <input checked="" type="checkbox"/> ROOMER <input type="checkbox"/> SERVANT <input type="checkbox"/> OTHER (Specify)	

FORM 10-637 14-20-61

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61

LOUISIANA

C/110		NAME OF INDIVIDUAL <i>Le Beau Gabriel</i>		E.O. <i>110</i>	SHEET <i>11</i>
COLOR <i>W</i>	AGE <i>11</i>	BIRTHPLACE			
COUNTY <i>Terrebonne</i>			CITY		
ENUMERATED WITH <i>DeLattre, Emma</i>					
RELATIONSHIP TO ABOVE					
<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> GRANDSON <input type="checkbox"/> GRANDDAUGHTER <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE		<input type="checkbox"/> NEPHEW <input type="checkbox"/> NIECE <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> SON-IN-LAW <input type="checkbox"/> DAUGHTER-IN-LAW <input type="checkbox"/> BROTHER-IN-LAW <input type="checkbox"/> SISTER-IN-LAW		<input type="checkbox"/> INMATE <input type="checkbox"/> NURSE <input type="checkbox"/> PATIENT <input type="checkbox"/> ROOMER <input type="checkbox"/> SERVANT <input checked="" type="checkbox"/> OTHER (Specify) <i>Sch</i>	

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1610b-P01

LOUISIANA

2420	NAME OF INDIVIDUAL <i>Laruge Ada</i>		E.O. 15	SHEET 8																								
COLOR <i>mul</i>	AGE 13	BIRTHPLACE																										
COUNTY <i>Avoyelles</i>		CITY																										
ENUMERATED WITH <i>Wallace Arvenor</i>																												
RELATIONSHIP TO ABOVE																												
<table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table>					<input type="checkbox"/> FATHER	<input type="checkbox"/> NEPHEW	<input type="checkbox"/> INMATE	<input type="checkbox"/> MOTHER	<input type="checkbox"/> NIECE	<input type="checkbox"/> NURSE	<input type="checkbox"/> GRANDFATHER	<input type="checkbox"/> FATHER-IN-LAW	<input type="checkbox"/> PATIENT	<input type="checkbox"/> GRANDMOTHER	<input type="checkbox"/> MOTHER-IN-LAW	<input type="checkbox"/> ROOMER	<input type="checkbox"/> GRANDSON	<input type="checkbox"/> SON-IN-LAW	<input checked="" type="checkbox"/> SERVANT	<input type="checkbox"/> GRANDDAUGHTER	<input type="checkbox"/> DAUGHTER-IN-LAW	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> AUNT	<input type="checkbox"/> BROTHER-IN-LAW		<input type="checkbox"/> UNCLE	<input type="checkbox"/> SISTER-IN-LAW	
<input type="checkbox"/> FATHER	<input type="checkbox"/> NEPHEW	<input type="checkbox"/> INMATE																										
<input type="checkbox"/> MOTHER	<input type="checkbox"/> NIECE	<input type="checkbox"/> NURSE																										
<input type="checkbox"/> GRANDFATHER	<input type="checkbox"/> FATHER-IN-LAW	<input type="checkbox"/> PATIENT																										
<input type="checkbox"/> GRANDMOTHER	<input type="checkbox"/> MOTHER-IN-LAW	<input type="checkbox"/> ROOMER																										
<input type="checkbox"/> GRANDSON	<input type="checkbox"/> SON-IN-LAW	<input checked="" type="checkbox"/> SERVANT																										
<input type="checkbox"/> GRANDDAUGHTER	<input type="checkbox"/> DAUGHTER-IN-LAW	<input type="checkbox"/> OTHER (Specify)																										
<input type="checkbox"/> AUNT	<input type="checkbox"/> BROTHER-IN-LAW																											
<input type="checkbox"/> UNCLE	<input type="checkbox"/> SISTER-IN-LAW																											

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-PS1

LOUISIANA

2420	NAME OF INDIVIDUAL <i>Laruge Ada H</i>		E.O. 15	SHEET 5
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LOUISIANA

2110		NAME OF INDIVIDUAL		Ada H.		E.D.	SHEET
79		5					
COLOR	W	AGE	30	BIRTH PLACE			
COUNTY			Pointe Coupee		CITY		
ENUMERATED WITH							
Bignois Helen M.							
RELATIONSHIP TO ABOVE							
<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> GRANDSON <input type="checkbox"/> GRANDDAUGHTER <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE		<input type="checkbox"/> NEPHEW <input type="checkbox"/> NIECE <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> SON-IN-LAW <input type="checkbox"/> DAUGHTER-IN-LAW <input type="checkbox"/> BROTHER-IN-LAW <input type="checkbox"/> SISTER-IN-LAW		<input type="checkbox"/> INMATE <input type="checkbox"/> NURSE <input type="checkbox"/> PATIENT <input type="checkbox"/> ROOMER <input type="checkbox"/> SERVANT <input checked="" type="checkbox"/> OTHER (Specify) AD			

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 15195-P51

				LOUISIANA	
			E.D.	SHEET	
R 120	HEAD OF FAMILY			81	21
			Lester Adam		
COLOR	AGE	BIRTHPLACE			
MU	29				
COUNTY	St. John the Baptist			CITY	
OTHER MEMBERS OF FAMILY					
NAME		RELATIONSHIP	AGE	BIRTHPLACE	
/ Mary		W	23		
Hilda		D	1		

FORM 10-634 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

120 2000		HEAD OF FAMILY		E.D.		SHEET	
		Louis Adams Jr		78		16	
COLOR	AGE	BIRTHPLACE					
White	57	Pointe Coupee					
COUNTY		Pointe Coupee		CITY			
		Morganza					
OTHER MEMBERS OF FAMILY							
NAME		RELATIONSHIP		AGE		BIRTHPLACE	
1. Rosa		W		23			

FORM 16-638 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

6170		HEAD OF FAMILY		E.D.		SHEET	
		Le Bonf Adams		37		12	
COLOR		AGE		BIRTHPLACE			
W 68							
COUNTY				CITY			
Lafourche							
OTHER MEMBERS OF FAMILY							
NAME				RELATION- SHIP	AGE	BIRTHPLACE	
Living alone							

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

2110

NAME OF INDIVIDUAL <i>L 110 LeBoeuf Adelaide</i>		E.D. <i>108</i>	SHEET <i>4</i>
COLOR <i>W</i>	AGE <i>18</i>	BIRTHPLACE	
COUNTY <i>Terrebonne</i>		CITY	
ENUMERATED WITH <i>LeBoeuf Caliste</i>			
RELATIONSHIP TO ABOVE			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> GRANDSON <input type="checkbox"/> GRANDDAUGHTER <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW <input type="checkbox"/> NIECE <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> SON-IN-LAW <input checked="" type="checkbox"/> DAUGHTER-IN-LAW <input type="checkbox"/> BROTHER-IN-LAW <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE <input type="checkbox"/> NURSE <input type="checkbox"/> PATIENT <input type="checkbox"/> ROOMER <input type="checkbox"/> SERVANT <input type="checkbox"/> OTHER (Specify) </div> </div>			

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCQM-DC 18104-P61

			LOUISIANA	
HEAD OF FAMILY			E.D.	SHEET
<i>William Adelle</i>			<i>78</i>	<i>16</i>
COLOR	AGE	BIRTHPLACE		
<i>W</i>	<i>72</i>			
COUNTY	Pointe Coupee		CITY <i>St. Francis</i>	
OTHER MEMBERS OF FAMILY				
NAME		RELATIONSHIP	AGE	BIRTHPLACE
<i>William</i>		<i>S</i>	<i>75</i>	
<i>Adelle</i>		<i>S</i>	<i>73</i>	
<i>John</i>		<i>S</i>	<i>21</i>	
<i>Martha</i>		<i>S</i>	<i>18</i>	
<i>James</i>		<i>S</i>	<i>15</i>	
<i>Elizabeth</i>		<i>S</i>	<i>12</i>	
<i>Thomas</i>		<i>S</i>	<i>10</i>	
<i>Robert</i>		<i>S</i>	<i>8</i>	
<i>Charles</i>		<i>S</i>	<i>6</i>	
<i>William</i>		<i>S</i>	<i>4</i>	
<i>John</i>		<i>S</i>	<i>2</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
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<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i>	
<i>Thomas</i>		<i>S</i>	<i>1</i>	
<i>Robert</i>		<i>S</i>	<i>1</i>	
<i>Charles</i>		<i>S</i>	<i>1</i>	
<i>William</i>		<i>S</i>	<i>1</i>	
<i>John</i>		<i>S</i>	<i>1</i>	
<i>Martha</i>		<i>S</i>	<i>1</i>	
<i>James</i>		<i>S</i>	<i>1</i>	
<i>Elizabeth</i>		<i>S</i>	<i>1</i> </	

LOUISIANA

L 1110		NAME OF INDIVIDUAL		La Bauve, Joseph		D. 76		SHEET 20	
COLOR		AGE		BIRTHPLACE					
W		19		Lafayette					
COUNTY				CITY Lafayette					
ENUMERATED WITH Troy Herbert									
RELATIONSHIP TO ABOVE									
<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> GRANDSON <input type="checkbox"/> GRANDDAUGHTER <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE			<input type="checkbox"/> NEPHEW <input type="checkbox"/> NIECE <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> SON-IN-LAW <input checked="" type="checkbox"/> DAUGHTER-IN-LAW <input type="checkbox"/> BROTHER-IN-LAW <input type="checkbox"/> SISTER-IN-LAW			<input type="checkbox"/> INMATE <input type="checkbox"/> NURSE <input type="checkbox"/> PATIENT <input type="checkbox"/> ROOMER <input type="checkbox"/> SERVANT <input type="checkbox"/> OTHER (Specify)			

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

JSCOM-4-10 1910-P61

LOUISIANA

L 125	HEAD OF FAMILY		E.O.	SHEET
	Cargen, Adolph		114	9
COLOR	AGE	BIRTHPLACE		
M/W	65			
COUNTY	St. L.		CITY	
OTHER MEMBERS OF FAMILY				
NAME		RELATIONSHIP	AGE	BIRTHPLACE
Jacob		Th	12	

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

				LOUISIANA	
HEAD OF FAMILY		P. D.	SHEET		
25		4		7	
COLOR	AGE	BIRTHPLACE			
Wm	44				
COUNTY	St. Landry		CITY		
OTHER MEMBERS OF FAMILY					
NAME	RELATION SHIP	AGE	BIRTHPLACE		
Roseanna	d	20			
Edward	d	23			
Corcoran	d	18			
Roseanna	d	15			
William	d	12			
Edna	d	9			
Alfred	d	7			

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

HEAD OF FAMILY CONTINUED

(AND 2 OF 2)

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-630a (4-7-61)

1910 CENSUS INDEX FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

LOUISIANA

| | | | | | |
|---|--|--|--|-----------|-------------|
| C110 | | NAME OF INDIVIDUAL
<i>Le Bay, Agnes</i> | | NO
103 | SHEET
18 |
| COLOR
<i>W</i> | AGE
<i>7</i> | BIRTHPLACE | | | |
| COUNTY
<i>Ierrebonne</i> | | CITY | | | |
| ENUMERATED WITH
<i>Bayle, Arthur</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOIAM-DC 16100-P61

LOUISIANA

LOUISIANA

| | | | | | | |
|-------------------------|----------------|-------------------|---------------|------------|-------|-------|
| CR 1113 | HEAD OF FAMILY | | J. Paul Jones | | E. D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | | |
| W | 56 | St. James | | | | |
| COUNTY | CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | | |
| Loretta | | | 5 | | | |
| Michael | | | 2 | | | |
| | | | 1 | | | |
| | | | | | | |
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FORM 10-630 4-5-61
1910 CENSUS INDEX FAMILY

U.S. GOVERNMENT PRINTING OFFICE

| | | | |
|-------------------------|------------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| NAME | AGE | BIRTHPLACE | SHEET |
| AVIY | 49 | | 7 |
| COUNTY | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATION
SHIP | AGE | BIRTHPLACE |
| Charles | H | 41 | |
| James | S | 9 | |
| John | S | 4 | |
| Harry | S | 3 | |
| Anna | S | 2 | |
| Lucas | A | 0 | |

FORM 10-696 10-24-31
1910 CENSUS INDEX: FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| 225 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | P. D. | SHEET |
| W | 44 | Houma | | 104 | 5 |
| COUNTY | | CITY | | | |
| | | Iberville | | Houma | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION
SHIP | AGE | BIRTHPLACE | |
| Henry | | S | 17 | | |
| Lester | | S | 17 | | |
| Lester | | D | 15 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 10-20-611

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|--|-------------------|-------------------|
| L120 | | NAME OF INDIVIDUAL
<i>Louis Albert</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>21</i> | BIRTHPLACE | | E.O.
<i>59</i> | SHEET
<i>6</i> |
| COUNTY | | Iberville | | CITY | |
| ENUMERATED WITH
<i>Johnson Stewart</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P-61

| | | | | | |
|-------------------------|-----------|-------------------|-----------|------------|------|
| 6120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 20 | AGE | 31 | E.D. | 3 |
| | | BIRTHPLACE | | SHEET 19 | |
| COUNTY | | | Ascension | | CITY |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATION-
SHIP | AGE | BIRTHPLACE | |
| | Elmer | son | 31 | | |
| | Edward | son | 13 | | |
| | Dorothy | daughter | 11 | | |
| | Constance | daughter | 7 | | |
| | Wilfred | son | 6 | | |
| | Archie | son | 4 | | |
| | Robert | son | 9/12 | | |

FORM 10-636 (6-30-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|---------------------------------|-----------------------------|-------------|------------|
| 5110 | HEAD OF FAMILY
<i>LeBeuf</i> | | LOUISIANA | |
| COLOR | AGE
1028 | BIRTHPLACE
<i>Albert</i> | E.D.
168 | SHEET
4 |
| COUNTY | | CITY | | |
| Terrebonne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Ida</i> | <i>W</i> | <i>23</i> | | |
| <i>Rennie</i> | <i>D</i> | <i>5</i> | | |
| <i>Lillian</i> | <i>D</i> | <i>3</i> | | |
| <i>Edna</i> | <i>D</i> | <i>7 1/2</i> | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 37 | | | 103 | 18 |
| COUNTY | | Jettrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ada | | W | 37 | | |
| Lella | | D | 15 | | |
| Pamie | | D | 5 | | |
| Cecilia | | D | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L125 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 12 | Lewigne, Alcee | | 114 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | St. Louis | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | Julien Marcelin | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

| | | | | | |
|-------------------------|-------|----------------|-----|------------|----|
| X120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | |
| | | | | E.D. | 30 |
| | | | | SHEET | 20 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Wife | W | 23 | | |
| | Child | D | 16 | | |
| | Child | D | 10 | | |
| | Child | D | 12 | | |
| | Child | H | 10 | | |
| | Child | H | 7 | | |
| | Child | H | 6 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------|--|----------------|--|------------------|
| 2110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 58 | BIRTHPLACE | E.P. 70 SHEET 20 |
| COUNTY | Lafayette | | CITY Lafayette | | |
| ENUMERATED WITH Troy Herbert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input checked="" type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910CENSUS 1910S-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L110 | | NAME OF INDIVIDUAL
<i>Lecheaud Alcide</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE | | E.D.
<i>133</i> | SHEET
<i>33</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lecheaud Leah</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)
<i>H.W.</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>H.W.</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>H.W.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | |
|-------------------------|------------------------------------|-----------------------------|--------------------|-------------------|
| 110 | HEAD OF FAMILY
<i>de Breaux</i> | | LOUISIANA | |
| COLOR | AGE
<i>W 30</i> | BIRTHPLACE
<i>Alcade</i> | R.D.
<i>108</i> | SHEET
<i>6</i> |
| COUNTY | | CITY | | |
| Terrebonne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Eda</i> | <i>W</i> | <i>28</i> | | |
| <i>Waltham Ayne</i> | <i>A</i> | <i>58</i> | | |
| <i>Robichaux Arthur</i> | <i>B</i> | <i>21</i> | | |
| <i>Julian</i> | <i>S. L</i> | <i>17</i> | | |
| <i>Cecile</i> | <i>B</i> | <i>5</i> | | |
| <i>Robichaux Edna</i> | <i>C</i> | <i>10</i> | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|--------------|------------|-----------|
| X 136 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| Mm | | 24 | Lopez Celida | | 136 |
| COUNTY | | Vermillion | | CITY | Abbeville |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Nunaberry | | D | 9 | | |
| Marty | | D | 6 | | |
| Joseph | | S | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 46 | | 116 | 8 |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Tom | | S | 4 | | |
| Emas | | L | 13 | | |
| Anna | | A | 5 | | |
| Alice | | | 7 | | |
| Shel | | | 6 | | |
| Monette | | | 4 | | |
| Calvin | | M | 22 | | |

FORM 10-636 (1-10-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|-------------------------|-------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR
21 | AGE
32 | BIRTHPLACE
Louisiana | SHEET
20 |
| COUNTY
Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Marie | Wife | 34 | |
| Antonia | D | 17 | |
| Alicia | D | 14 | |
| Joseph | S | 7 | |
| Maria | D | 5 | |
| Ledicia | S | 3 | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|--|
| 4110 | | HEAD OF FAMILY | | LOUISIANA | |
| Lebanon Alexander | | ED. 105 | | SHEET 3 | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 24 | | | | |
| COUNTY | | Tobacco | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | |
| Victoria | | W | 20 | | |
| Cecilia | | S | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-836 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | La. 1st, Calapic |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 37 | | |
| Pearl | | S | 15 | | |
| Joseph | | S | 3 | | |
| Louise | | D | 2 | | |
| Annie | | M | 58 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| C110 | NAME OF INDIVIDUAL <i>LeBoeuf Alexis</i> |
| E.D. 108 | SHEET 17 |
| COLOR <i>Mu</i> | AGE <i>20</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| <i>Terrebonne</i> | |
| ENUMERATED WITH <i>Billhet Joseph F.</i> | |
| RELATIONSHIP TO ABOVE | |
| 2 | <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) |

FORM 16-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1012-P41

| | | | | | |
|--|--|---|--|---|-------|
| 2125 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | ED | SHEET |
| Ma | | 25 | | 46 | 10 |
| BIRTHPLACE | | | | | |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | W. L. L. L. | | | |
| RELATIONSHIP TO ABOVE | | W. L. L. L. | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |

FORM 10-537 (10-10-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&MS-DC 1010-P01

| | | | |
|-------------------------|--------------|----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | SHEET |
| 11/16 | 51 | San Jose, Cuba | 52 18 |
| COUNTY | CITY | | |
| Moreville | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lucian, Florence | Da | 13 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|------|---|--|
| 5123 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leviston, Alice | | ED. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 19 | | | | |
| COUNTY | | | CITY | | |
| JACKSON | | | | | |
| ENUMERATED WITH | | | | | |
| Leviston, Thomas | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Si | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|--|---|--|--------------------------------|--|--|
| L120 | NAME OF INDIVIDUAL
<i>Lebrache Alice</i> | | E.D.
<i>102</i> | SHEET
<i>13</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>49</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY
<i>C. Pelican</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Esther Penn</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input checked="" type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-67 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|---|--------------------|------------|-----------|-------|
| 2120 | NAME OF INDIVIDUAL | | E. D. | SHEET |
| | Labau, Alida | | 65 | 27 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 16 | | | |
| COUNTY | | | CITY | |
| ENUMERATED WITH | | | | |
| Leger, Valere | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | | | |
|---|--|---|--|--|--|---------|--|
| L120
COLOR W | | NAME OF INDIVIDUAL
Lepiz Mrs | | LOUISIANA
E.D. 15 | | SHEET 2 | |
| | | AGE 52 | | BIRTHPLACE | | | |
| COUNTY | | | | CITY Baton Rouge | | | |
| ENUMERATED WITH Last Baton Rouge | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15105-P61

| | | | | | | | |
|--|--|---|--|---|--|----------------|--|
| 2120
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>Lavagne, Alois</i> | | LOUISIANA
E.D. <i>137</i> | | SHEET <i>9</i> | |
| AGE <i>34</i> | | BIRTHPLACE | | | | | |
| COUNTY
<i>West Baton Rouge</i> | | | | CITY | | | |
| ENUMERATED WITH
<i>Seguin, Ardee</i> | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-437 (4-20-91)

1910 CENSUS INDEX - INDIVIDUAL

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMP-DC 18100-P01

| | | | | | |
|--|--|--|------------|-----------|-------|
| L123 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 7/4 | | 12 | | 17 | 9 |
| COUNTY | | | CITY | | |
| Iberia | | | New Iberia | | |
| ENUMERATED WITH | | | | | |
| Francis Willie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-69 10-6-61

1910 CENSUS INDEX - INDIVIDUAL

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 10100-P01

| | | | | | |
|--|--|---|--|---|--|
| 2120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | SHEET | |
| W | | 28 | | 8 2 | |
| COUNTY | | BIRTHPLACE | | | |
| | | Acadia | | CITY | |
| | | | | Morse Village | |
| ENUMERATED WITH | | | | Jack A. | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input checked="" type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1818B-P61


| | | | | | |
|--|---|---|------------------|--|----------------|
| 2125 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 11 | BIRTHPLACE | Ed. 37 SHEET 8 |
| COUNTY | | | East Baton Rouge | CITY | |
| ENUMERATED WITH | | | | | |
| Bourke Joseph W | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Son | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18188-P61

| | | | | | |
|--|---|---|-------|---|--------|
| 9120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lopez Amcasto | | E.D. | | SHEET | |
| COLOR | W | AGE | 27 | BIRTHPLACE | 112 24 |
| COUNTY | | | CITY | | |
| Jangipahoa | | | Spain | | |
| ENUMERATED WITH | | | | | |
| Hernandez Carlos | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |
| | | | |  | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | | |
|---|--|---|--|--|--|------------|
| 125
COLOR - W | | NAME OF INDIVIDUAL
<i>Lavigne Amilie</i> | | LOUISIANA
E.O. 19 | | SHEET
8 |
| COUNTY
East Baton Rouge | | CITY
Baton Rouge | | | | |
| ENUMERATED WITH
<i>Lavigne Bellizaire</i> | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|---------------|---|-------|
| K126 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 24 | Natchitoches | 93 | 9 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Rachel Hudson | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 4110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| a | | 52 | | 4 | 1 |
| COUNTY | | | CITY | | |
| Cameron | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 24 | | |
| Landon | | H | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX, FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2720 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| W | 35 | Italy | 13 | 6 | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosa | | W | 21 | | |
| Mary | | D | 5 | | |
| Samuel | | S | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|--|--|-----------|-------|
| L110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Man | 11 | St. James | | 71 | 7 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | | | | |
| Allen, Leontine | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P81

| | |
|------|----------------|
| L123 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| L123 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 23 | BIRTHPLACE | Loriston, Annie |
| COUNTY | | E.D. | | SHEET | |
| | | 12 | | 17 | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-634 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|--------------------|-----------|
| L120 | NAME OF INDIVIDUAL | LOUISIANA |
| | | |

| | | | | | |
|--|---|--------------------|---|------------|---------|
| 2120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 71 | BIRTHPLACE | Germany |
| COUNTY | | | | E.O. | 8 |
| | | | | SHEET | 20 |
| ENUMERATED WITH | | | CITY | | |
| RELATIONSHIP TO ABOVE | | | Kugel, Henry | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Housekeeper | | |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

| | | | | | |
|-------------------------|---|----------------|-------|------------|-----|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 42 | E.D. | 102 |
| | | BIRTHPLACE | | SHEET | 12 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anthony | | | | | |
| Albert | | S | 24 | | |
| Thomas | | DL | 18 | | |
| Albert | | GS | 5 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|------|--|----------------|--|-----------|--|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
|------|--|----------------|--|-----------|--|

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 43 | Lavigne, Antoine | 115 | 9 |
| COUNTY | | Tangipahoa | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Rosella | w | 50 | | |
| Frank P | a | 9 | | |
| Kindrew, Sarah M | sch | 17 | | |
| Busland, Sarah A | ml | 74 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | U | AGE | 37 | E.D. | 15 |
| | | BIRTHPLACE | | SHEET 11 | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cecilia | | W | 35 | | |
| Felix | | S | 12 | | |
| Maurice | | S | 11 | | |
| Paul | | D | 8 | | |
| George | | S | 2 | | |
| Bernice | | B | 18 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| Lopez Antonia | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 8 23 | |
| W | 31 | | | | |
| COUNTY | | | CITY | | |
| Attala | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alma | | W | 26 | | |
| Healy | | S | 1/2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 6123 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 11 | | 21 | Italy | 66 | 29 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Margaretta | | | 30 | Italy | |
| James | | | 6 | | |
| Samuel | | | 5 | | |
| Margaretta | | | 2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|--------------------|
| 2120 | | NAME OF INDIVIDUAL
<i>Louise Amelia</i> | | LOUISIANA | |
| COLOR
<i>raw</i> | AGE
<i>10</i> | BIRTHPLACE | | E.D.
<i>117</i> | SHEET
<i>11</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Ulysses Lewis</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|--|------------------|---|------|---|--------------------|
| L120 | | NAME OF INDIVIDUAL
<i>Louis Armentino</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>11</i> | BIRTHPLACE
<i>Iberville</i> | | E.D.
<i>57</i> | SHEET
<i>22</i> |
| COUNTY
<i>L</i> | | | CITY | | |
| ENUMERATED WITH
<i>William, Nellie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Adopted</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 21 | E.D. | 32 |
| | | BIRTHPLACE | | SHEET 3 | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Welsh | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John W. | | W | 20 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 63 | E. F. | SHEET |
| | | BIRTHPLACE | | 82 | 39 |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 son | | 5 | 10 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 35 | Arthur | 36 4 |
| COUNTY | | CITY | |
| Cameron | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Clara | W | 30 | |
| Anna | D | 16 | |
| Anna | D | 8 | |
| Willie | S | 5 | |
| Califord | S | 2 | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5116 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 35 | | | 100 | 8 |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marquette | | W | 43 | | |
| Eugene | | S | 10 | | |
| Neta | | D | 8 | | |
| Paul | | S | 5 | | |
| Bertrand Bonilla | | W | 2 | | |
| Gerald | | W | 9 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|---|--|--|-------|
| L110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| He Back | | Arthur | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 71 | 9 |
| White | 13 | | | | |
| COUNTY | | CITY | | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Jackson, Theophile | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|--------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | LA 8 9 |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Marguerite | W | 34 | | | |
| Augusta | 1 | 13 | | | |
| Anna | 1 | | | | |
| Josephine | 1 | | | | |
| Marie | 1 | | | | |
| Josephine | 1 | 4 | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|----------------|-----------|
| L125 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

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|-------------------------|---|----------------|-----|------------|-----|
| 4125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 25 | E.D. | 149 |
| | | BIRTHPLACE | | SHEET | 27 |
| COUNTY | | Vernon | | CITY | |
| | | | | Fullerton | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Lizzie | | w | 22 | ark | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|---------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Laurens |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L | | W | 26 | | |
| Valerie | | D | 7 1/2 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|-------------------|
| L-126 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Lafayette, Auburn |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Batiste | | W | 32 | | |
| Eulice | | S | 3 1/2 | | |
| Eulice | | N | 3 1/2 | | |
| + 1 servant | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L123 | HEAD OF FAMILY |
|------|----------------|

| | | | | | | | |
|-------------------------|------------------|----------------|-----|----------------|---|-----------|-----|
| L123 | | HEAD OF FAMILY | | Levest, August | | LOUISIANA | |
| COLOR | W | AGE | 76 | BIRTHPLACE | | E.D. | 135 |
| COUNTY | West Baton Rouge | | | CITY | 7 | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Aurelia | W | 72 | | | | |
| | Aurelia Jr | D | 32 | | | | |
| | Julia | D | 29 | | | | |
| Grand | Victoria | D | 50 | | | | |
| | William | GS | 23 | | | | |
| | Levest | GS | 21 | | | | |
| | Victoria | GD | 17 | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|----------------|-----------|
| L111 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

| | | | | | |
|-------------------------|---|----------------|-------|------------|---------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Augusta |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillian | | W | 36 | | |
| Lillian | | D | 12 | | |
| Bertila | | D | 5 | | |
| Ernie | | D | 1 1/2 | | |
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FORM 10-636 (6-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|------|--|----------------|--|-----------|--|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
|------|--|----------------|--|-----------|--|

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|-------------------------|-----------|----------------|------|------------|-------------------|
| L116 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 73 | BIRTHPLACE | La 13rd Louisiana |
| COUNTY | St. James | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Augusta K. | | W | 38 | | |
| Adeline | | D | 40 | | |
| Mathilde | | D | 38 | | |
| Camille | | S | 36 | | |
| Husca | | S | 34 | | |
| Blanche | | D | 32 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---|
| L 12 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 62 | E.D. | 3 |
| | | BIRTHPLACE | | SHEET 16 | |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bernnette | | w | 63 | | |
| Lawrence | | s | 23 | | |
| Hausey | | s | 2 | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|----------------|-----------|
| L 12 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

| | | | | | |
|-------------------------|---|----------------|--------|------------|---|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | E.D. | 3 |
| | | BIRTHPLACE | | SHEET 16 | |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | co | 26 | | |
| Edna | | d | 3 | | |
| Nellie | | d | 18 1/2 | | |
| Darius Davis | | s | 8 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|------|--|----------------|--|-----------|--|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
|------|--|----------------|--|-----------|--|

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| R110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 57 | Le Bonaf Augustin | | 78 | 10 |
| COUNTY | | CITY | | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bonore | | W | 47 | | |
| Bonore | | A | 24 | | |
| Joseph | | S | 23 | | |
| Josephine D | | A | 21 | | |
| Charles | | S | 17 | | |
| Emily | | A | 7 | | |
| Friedman | | S | 14 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----------------|---|--|--|-------------------|
| L110 | | NAME OF INDIVIDUAL
<i>E. Baef, Aureoline</i> | | LOUISIANA | |
| COLOR
<i>White</i> | AGE
<i>5</i> | BIRTHPLACE | | E.D.
<i>71</i> | SHEET
<i>9</i> |
| COUNTY
<i>St. James</i> | | CITY | | | |
| ENUMERATED WITH
<i>Jackson, Theophile</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P81

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| L125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| Mw | 25 | L'Avigne, Auraken | | 114 | 9 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 14 | | |
| Auraken | | D | 3 | | |
| Edward | | D | 3/2 | | |
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 FORM 10-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|--|----------|---|------|--|--------|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 10 | BIRTHPLACE | Medico |
| COUNTY | Quachita | | CITY | | |
| ENUMERATED WITH | | | | | |
| Lopez, Chris | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P01

| | | | | | |
|-------------------------|---|----------------|----------|------------|-------|
| X 125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 57 | BIRTHPLACE | La. B |
| COUNTY | | E.D. | | SHEET | |
| | | 87 | | 6 | |
| CITY | | | Bismarck | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dupre, Lily | | ad | 31 | | |
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FORM 10-406 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|-------------------|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | E.D. 136 SHEET 23 |
| COUNTY | | Vermillion | | CITY Abbeville | |
| ENUMERATED WITH Fusher Susan | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
W | |

FORM 10-637 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|---|---|--------------------|------|-----------|----|
| 4126 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 50 | E.D. | 61 |
| | | BIRTHPLACE | 1600 | SHEET | 17 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 18-637-14-20-611

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| 240 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 37 | BIRTHPLACE | Le Bœuf, Attier |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clyde | | u | 36 | | |
| Calvin | | S | 16 | | |
| Evel | | D | 14 | | |
| Paul | | S | 12 | | |
| Leonie | | D | 10 | | |
| Lawrence | | S | 8 | | |
| Sadie | | D | 4 | | |

FORM 10-636 (5-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

8120

| | | | | | |
|-------------------------|-----------|----------------------|-----------|------------|----------|
| L 100 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | <i>26</i> | <i>Sagey Silegan</i> | | <i>51</i> | <i>5</i> |
| COUNTY | | CITY | | | |
| | | <i>Calcasieu</i> | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Silegan</i> | | <i>w</i> | <i>33</i> | | |
| <i>Eva</i> | | <i>d</i> | <i>2</i> | | |
| | | | | | |
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FORM 10-436 (4-20-51)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|----------------------------|----------------|--------------------------|-----------|-------------------|
| 2,26 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
64 | BIRTHPLACE
Bellefleur | | E.D. SHEET
198 |
| COUNTY
East Baton Rouge | | CITY
Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Mabelle | | W | 54 | |
| Constance | | C | 25 | |
| Francis | | S | 24 | |
| Amelia | | Y.D. | 8 | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|------------------|-----|------------|-------|
| 6120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| H | | 44 | | 36 | 15 |
| BIRTHPLACE | | Italy | | | |
| COUNTY | | East Baton Rouge | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | H | 37 | Italy | |
| | Rosa | K | 10 | | |
| | Frank | S | 8 | | |
| | Charles | S | 6 | | |
| | Joe | S | 4 | | |
| | | | | | |
| | | | | | |

FORM 10-686 (4-20-1911)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|------|-----------|--|
| X 1-20 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| | 6 | Bernice | 105 | 12 | |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NUDE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>SD</u> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|--|---|---|---------|---|-----|
| L116 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 20 | E.O. | 120 |
| | | BIRTHPLACE | | SHEET | 11 |
| COUNTY | | | CITY | | |
| Tangipahoa | | | Hammond | | |
| ENUMERATED WITH | | | | | |
| Nelson J.C. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
51 | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| 8/30 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | E.D. | 108 |
| | | BIRTHPLACE | | SHEET 15 | |
| COUNTY | | Ouachita | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Therietta | | W | 43 | | |
| Lancaster | | S | 15 | | |
| Bernice | | D | 13 | | |
| Maurice | | D | 11 | | |
| Jennings H. | | S | 9 | | |
| Thelma | | D | 6 | | |
| George | | S | 3 | | |

FORM 10-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2720
 COLOR W NAME OF INDIVIDUAL Leone, Brian LOUISIANA
 COUNTY Texas AGE 22 BIRTHPLACE 123 E.D. 6 SHEET
 ENUMERATED WITH Leone, B. J. CITY Saint Joseph
 RELATIONSHIP TO ABOVE
☐ FATHER
☐ MOTHER
☐ GRANDFATHER
☐ GRANDMOTHER
☐ GRANDSON
☐ GRANDDAUGHTER
☐ AUNT
☐ UNCLE
☐ NEPHEW
☐ NIECE
☐ FATHER-IN-LAW
☐ MOTHER-IN-LAW
☐ SON-IN-LAW
☐ DAUGHTER-IN-LAW
☐ BROTHER-IN-LAW
☐ SISTER-IN-LAW
☐ INMATE
☐ NURSE
☒ PATIENT
☐ ROOMER
☐ SERVANT
☐ OTHER (Specify)

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1510B-P01

☐ GRANDFATHER
☐ GRANDMOTHER
☐ GRANDSON
☐ GRANDDAUGHTER
☐ AUNT
☐ UNCLE
☐ FATHER-IN-LAW
☐ MOTHER-IN-LAW
☐ SON-IN-LAW
☐ DAUGHTER-IN-LAW
☐ BROTHER-IN-LAW
☐ SISTER-IN-LAW
☐ PATIENT
☐ ROOMER
☐ SERVANT
☐ OTHER (Specify)

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1510B-P01

| | | | | | |
|-------------------------|----|----------------|-----|------------|-------|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 82 | BIRTHPLACE | 32 19 |
| COUNTY | | Concordia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|--|--|-----------------------------|--------------------|-------------------|
| L 120 | NAME OF INDIVIDUAL
<i>Lopez, C.</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>15</i> | BIRTHPLACE
<i>Mexico</i> | E.D.
<i>112</i> | SHEET
<i>8</i> |
| COUNTY | | CITY
<i>Ouachita</i> | | |
| ENUMERATED WITH | | | | |
| RELATIONSHIP TO ABOVE
<i>Lopez, Christa</i> | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> </div> </div> | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100P61

| | | | | | |
|---|-----|--------------------|--|-------------|-------|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| ma | 39 | Calist | | 30 | 12 |
| COUNTY | | CITY | | | |
| | | East Baton Rouge | | Baton Rouge | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| Assoc. Visitor | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
H R | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|------|--|----------------|--|-----------|--|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
|------|--|----------------|--|-----------|--|

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | BIRTHPLACE | Caliste |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Thos. King | | W | 40 | | |
| Clara | | S | 17 | | |
| Claude | | S | 15 | | |
| Michael | | S | 12 | | |
| Emily | | D | 10 | | |
| Eli | | S | 8 | | |
| Henry | | S | 3 | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY CONTINUED

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360

1910 CENSUS INDEX · FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED 15120-P61

HEAD OF FAMILY

| | | | | | |
|-------------------------|-------|----------------|-----|------------|----------|
| 5120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | White | AGE | 37 | BIRTHPLACE | Calicut |
| COUNTY | | Pointe Coupee | | CITY | Morganza |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Lilia | | W | 22 | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|-----|
| L110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 8 | BIRTHPLACE | 109 |
| | | | | SHEET 17 | |
| COUNTY | | Jerrebonne | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 SS </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|-------|--|----------------|--|-----------|--|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | | | | |

| | | | | | |
|-------------------------|---|----------------|-------|------------|----|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | |
| | | | | E.D. | 2 |
| | | | | SHEET | 31 |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emetie | | W | 25 | | |
| Inesse | | d | 3 | | |
| Clويد | | s | 13/12 | | |
| | | | | | |
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FORM 18-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|----------------|-----------|
| 1110 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 47 | | | 68 | 8 |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | W | 45 | | |
| Marie | | S | 25 | | |
| James | | S | 23 | | |
| Charles | | S | 22 | | |
| Berkeley | | S | 21 | | |
| Joseph | | S | 17 | | |
| Kate | | D | 19 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|-----------|------------|
| <i>Lamar</i> | <i>D</i> | <i>14</i> | |
| <i>James</i> | <i>P</i> | <i>12</i> | |
| <i>John</i> | <i>S</i> | <i>9</i> | |
| <i>Petrack</i> | <i>S</i> | <i>7</i> | |
| <i>Collins</i> | <i>S</i> | <i>5</i> | |
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FORM 10-636 14-20-61

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 16100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 120 | | NAME OF INDIVIDUAL | | LOUISIANA | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | BIRTHPLACE | | 15 | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| mw | | 46 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | Wallace Arrebor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L110 | NAME OF INDIVIDUAL
<i>LeBray, Carmelite</i> | | E.D.
105 | SHEET
24 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
73 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>LeBray, Jules</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCO104-DC 18108-P61

LOUISIANA

LOUISIANA

| | | | | | | | |
|-------------------------|-----|-----------------|--------------|------|------------|-------|--|
| 2125- | | HEAD OF FAMILY | | E.D. | | SHEET | |
| | | Leifcomb Porter | | 114 | | 7 | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| 15 | 43 | Ga | | | | | |
| COUNTY | | | Richland | | CITY | | |
| | | | | | Bayou | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1. L. Porter | | | W | 30 | | | |
| Williams Ari | | | SR | 16 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|------------------|-----|------------|-------|
| L123 | | HEAD OF FAMILY - | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 30 | | 13 | 17 |
| BIRTHPLACE | | | | | |
| COUNTY | | BOSSIER | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| A | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Jerry | W | 23 | | |
| | Chad | S | 4 | | |
| | Bethrice | D | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------|--|--------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| 7120 | | NAME OF INDIVIDUAL
<i>Luper Cecile</i> | | E. D.
<i>78</i> | | SHEET
<i>13</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | | AGE
<i>15</i> | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | <i>Natchitoches</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Nash Jeff</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>ad</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ad</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ad</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16105-P01

LOUISIANA

| | | | | | |
|--|-----------|---|---|--|------------|
| L125 | | NAME OF INDIVIDUAL
Larigne Celeste | | F. D.
37 | SHEET
8 |
| COLOR
W | AGE
50 | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Last Name ROUND <i>Bourke</i> Joseph W | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Sister</i> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

| LOUISIANA | | | |
|-------------------------|--|------------|-------------|
| L120 | HEAD OF FAMILY
<i>James Celestine</i> | E.D.
7 | SHEET
21 |
| COLOR
<i>B</i> | AGE
24 | BIRTHPLACE | |
| COUNTY
Acadia | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
| <i>Brown Arenil</i> | <i>si</i> | <i>26</i> | |
| <i>Richard Clara</i> | <i>m</i> | <i>70</i> | |
| <i>Richard Clara</i> | <i>si</i> | <i>6</i> | |
| <i>James Virginia</i> | <i>child</i> | <i>5</i> | |
| <i>Waldron Anne</i> | <i>bc</i> | <i>21</i> | |
| <i>Sennier Lillie</i> | <i>d</i> | <i>21</i> | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| L 120 | HEAD OF FAMILY | | E.D. 28 |
| | Le Roy Charles | | SHEET 5 |
| COLOR | AGE | BIRTHPLACE | |
| W | 52 | | |
| COUNTY | Calcasieu | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Le Roy Charles | H | 31 | |
| Le Roy | W | 12 | |
| Le Roy | S | 11 | |
| Le Roy | S | 9 | |
| Le Roy | S | 7 | |
| Le Roy | S | 5 | |
| Le Roy | S | 4 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| 7/26 | NAME OF INDIVIDUAL
<i>Loveslade Charles</i> |
| E.D. 129 | SHEET 5 |
| COLOR
<i>W</i> | AGE
<i>28</i> |
| BIRTHPLACE | |
| COUNTY
<i>Winn</i> | CITY
<i>S.A.</i> |
| ENUMERATED WITH
<i>McKinsey Otto A</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> POOR
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P81

| | |
|--|---|
| LOUISIANA | |
| L120 | NAME OF INDIVIDUAL
<i>Louisy Charles</i> |
| E.O.
45 | SHEET
20 |
| COLOR
B | AGE
30 |
| BIRTHPLACE | |
| COUNTY
Lafourche | CITY |
| ENUMERATED WITH
<i>Smith Washington</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|--|----------------|--|-----------|--|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
| Lamignette Charles | | E.D. | | 51 | |
| COLOR | | AGE | | SHEET | |
| W | | 39 | | 9 | |
| BIRTHPLACE | | COUNTY | | CITY | |
| Flaquemin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | | AGE | |
| BIRTHPLACE | | | | | |
| Mary | | W | | 27 | |
| Augustine | | S | | 6 | |
| Josephine | | S | | 5 | |
| Julia | | S | | 3 | |
| Joseph | | 7 | | 80 | |
| France | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|--|
| L125 | | HEAD OF FAMILY | | LOUISIANA | |
| Sigacomb, Charles C. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 38 | Denn. | | | |
| COUNTY | | CITY | | | |
| Calcasieu | | Lake Charles City | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dixie | | W | 27 | Tex. | |
| Adduburke | | D | 5 | Tex. | |
| Archibald | | S | 4 | Tex. | |
| J. Eason | | S | 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|--------------|-------|
| 4125 | | HEAD OF FAMILY | | LOUISIANA | |
| Sevege | | Chas | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 25 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ethel C | | W | 19 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------------|----------------|-----|------------|----|
| L 125 | | HEAD OF FAMILY | | LOUISIANA | |
| Lippcomb, Charles A | | E.D. | | SHEET | |
| COLOR | W | AGE | 37 | 47 | 17 |
| BIRTHPLACE | | | | | |
| COUNTY | East Feliciana | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annie C W | | D | 32 | | |
| Myrtle D | | D | 10 | | |
| Elizabeth D | | D | 8 | | |
| John W | | S | 6 | | |
| Frank M | | S | 4 | | |
| John W | | F | 67 | | |
| Elizabeth M | | M | 65 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

RELATIONSHIP

BIRTHPLACE

Roscoe

6 25

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15192-P61

| | |
|--|---|
| LOUISIANA | |
| L/25 | NAME OF INDIVIDUAL <i>Louevigne, Charley</i> |
| E.D. <i>69</i> | SHEET <i>6</i> |
| COLOR <i>B</i> | AGE <i>9</i> |
| BIRTHPLACE | |
| COUNTY | CITY <i>Lafayette</i> |
| ENUMERATED WITH <i>Wallace, Harry</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>Ad S</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 16196-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| C110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 23 | | 103 | 18 |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mabel | | W | 21 | | |
| Jeannie | | D | 2 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|---|--------------|-------------------|
| L 110 | HEAD OF FAMILY
<i>Le Bonf, Charlie Sr.</i> | | E.D. 103 SHEET 18 |
| COLOR
<i>W</i> | AGE
<i>77</i> | BIRTHPLACE | |
| COUNTY | Terrebonne | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>1/2 Mary</i> | | <i>W</i> | <i>60</i> |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| Lorrick Charney | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 52 | NC | | | |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Father | | 5 | 11 | | |
| 1 Robert | | 5 | 8 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--|
| 420 | | HEAD OF FAMILY | | LOUISIANA | |
| Lowell C. Lee | | E.D. | | 87 | |
| SHEET | | 8 | | | |
| COLOR | B | AGE | 34 | BIRTHPLACE | |
| | | NC | | | |
| COUNTY | | | CITY | | |
| Ivachitoches | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary R. | | W | 34 | NC | |
| Edward | | S | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------------------------|-------|------------|
| L120 | HEAD OF FAMILY
Lopez, Chris | | |
| E.D.
112 | SHEET
8 | | |
| COLOR
W | AGE
22 | | |
| BIRTHPLACE
Mexico | | | |
| COUNTY
Ouachita | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Jane | W | 18 | Mexico |
| John | S | 3 1/2 | |
| M. | B | 13 | Mexico |
| C. | B | 15 | Mexico |
| A. Maria | B | 10 | Mexico |
| D. | S. | 9 | Mexico |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|----------------|--------|------------|-------|
| 2120 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Leverge Sidney | | 4 | 3 |
| COLOR | AGE | BIRTHPLACE | | | |
| Wm | 30 | | | | |
| COUNTY | | | CITY | | |
| Avery | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ossie | | W | 50 | | |
| Husney | | -1 | 11 | | |
| Elma | | 4 | 7 | | |
| Lucile | | 6 | 5 | | |
| Joseph | | 1 | 3 | | |
| Liana | | 6 | 10 1/2 | | |
| | | | | | |

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | |
| L110 | | 91 | 7 | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 39 | | | |
| COUNTY | | CITY | | |
| St. Mary | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Odile | W | 30 | | |
| Eunice | S | 11 | | |
| Ruby | D | 7 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2121

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 22
220 | NAME OF INDIVIDUAL
Labreaux Clarence | | E.D.
5 | SHEET
6 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
3 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
Donaldsonville | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Ascension</i>
Dilla Hubert | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-110 18109-P61

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 125 | NAME OF INDIVIDUAL
<i>Leprieux Clarence</i> | | E.O.
<i>42</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>41</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Feliciana</i> | | CITY
<i>Jackson</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Fauver Vance W.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> <div><i>ss</i></div> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|--|
| 5125 | | HEAD OF FAMILY | | LOUISIANA | |
| Lipscomb, Clarence C. | | E.D. | | SHEET | |
| COLOR | W | AGE | 31 | BIRTHPLACE | |
| COUNTY | IN HOUSE | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|--|---|
| L110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Bonet, Claudie | | E.D. | | 56 | |
| COLOR | W | AGE | 12 | BIRTHPLACE | 6 |
| COUNTY | | | CITY | | |
| Cameron | | | | | |
| ENUMERATED WITH | | | | | |
| Dupuy, Martial | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16198-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| L116 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBoeuf | | Clauville | | E.D. | SHEET |
| COLOR | W | AGE | 49 | 108 | 19 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elvira | | W | 40 | | |
| Augustine | | S | 18 | | |
| Palmyre | | D | 14 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|--|
| P. 20 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lopez, Clemile | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 15 11 | |
| W | 18 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| ENUMERATED WITH | | | | | |
| Lopez, Antoinne | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>B</u> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15105-P61

1121

HEAD OF FAMILY

L121

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 724 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 40 | | | 94 | 18 |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | D | 23 | | |
| Agnes | | S | 21 | | |
| Adeline | | D | 17 | | |
| Barbara | | S | 15 | | |
| Lefance | | D | 13 | | |
| Lemuel | | S | 11 | | |
| Rosa | | D | 9 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

157 (1) MAR 57 15198-1'61

| | | | |
|-------------------------|--------------|-------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| Mu | 41 | Lopez Clit. | 15 3 |
| COUNTY | | CITY | |
| Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary | W | 35 | |
| Casper | S | 15 | |
| Eda | D | 13 | |
| Cora | D | 12 | |
| Muice | D | 3 | |
| Coalie | D | 10 | |
| | | 12 | |

FORM 16-636 (4-30-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|------------|--|-------------|
| L110 | | NAME OF INDIVIDUAL
<i>Lebrun Chet</i> | | LOUISIANA | |
| COLOR | W | AGE
34 | BIRTHPLACE | E.D.
108 | SHEET
21 |
| COUNTY
Terrebonne | | | CITY | | |
| ENUMERATED WITH
<i>Naguer Felicien</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|-------|----------------|-----|------------|-----|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | a | AGE | 25 | BIRTHPLACE | Ark |
| COUNTY | | Franklin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Beale | a | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2125 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|--|---|---|----|--|----------------|
| 5110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 34 | BIRTHPLACE | Labean, Cloria |
| COUNTY | | CITY | | E.D. | SHEET |
| | | | | 44 | 18 |
| ENUMERATED WITH | | Folau Joseph | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (14-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-P-61

| | |
|------|----------------|
| 2110 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-------|------------|--------|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Clones |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Noelia | | W | 27 | | |
| Eveline | | D | 11 | | |
| Clifford | | S | 7 | | |
| Alces | | S | 6 | | |
| Maude | | D | 3 | | |
| Edward | | S | 1 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 20 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 48 | Spain | | 61 | 3 |
| COUNTY | | St. Bernard | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|-------------------|
| 2170 | | NAME OF INDIVIDUAL
<i>Lalysche</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>39</i> | BIRTHPLACE
<i>Cora</i> | | E.D.
<i>21</i> | SHEET
<i>2</i> |
| COUNTY
<i>Iberia</i> | | CITY
<i>New Iberia</i> | | | |
| ENUMERATED WITH
<i>Sauties</i> | | RELATIONSHIP TO ABOVE
<i>Marion</i> | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<i>C.</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

16C0100-17C 15105-P61

| | | | | | |
|------|--|----------------|--|-----------|--|
| 2170 | | HEAD OF FAMILY | | LOUISIANA | |
|------|--|----------------|--|-----------|--|

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| R10 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 51 | BIRTHPLACE | Cyprien |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Ada | | W | 51 | | |
| Alphonse | | S | 23 | | |
| Smith Maggie | | D | 19 | | |
| -1 Mary | | G D | 2 | | |
| Le Bouf Constant | | C | 17 | | |
| / Viola | | D | 15 | | |
| Alice | | D | 10 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| X123 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | | | | 411 | 11 |
| COUNTY | | CITY | | | |
| Ra | | Rapides | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Charles | | H | 2 | Russia | |
| John | | S | 11 | | |
| Ludie | | W | 2 | | |
| L | | E | 10 | Russia | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-11)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| 423 | | NAME OF INDIVIDUAL
<i>Lipsitz</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>72</i> | BIRTHPLACE
<i>L</i> | | ED.
<i>84</i> | SHEET
<i>1</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>Rapides</i> | | CITY
<i>Lecompte</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lipsitz D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|--|---|--------------------|---|------------|----|
| L 120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 9 | BIRTHPLACE | D. |
| COUNTY | | Ouachita | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;">Si</div> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | |
|-------------------------|----------------|-------------------------|------------|------------|
| L120 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
34 | BIRTHPLACE
Lafayette | E.D.
22 | SHEET
9 |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ophelia | W | 39 | | |
| Eugene | S | 21 | | |
| Lelia | D | 17 | | |
| Amelia | D | 10 | | |
| Bernard Lea | S-L | 25 | | |
| 1 Estella | N | 11 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L120 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 4/20 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Tracy F. | | W | 45 | | |
| Johnnie | | D | 1 | | |
| Kertus | | S | 8 | | |
| Julia | | S | 4 | | |
| Ellen | | S | 4 | | |
| Mortisro | | S | 2 | | |

FORM 10-636 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|-------|
| L/25 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | David |
| COUNTY | | CITY | | ED. | 60 |
| ENUMERATED WITH | | RELATIONSHIP TO ABOVE | | SHEET 7 | |
| | | Kaupman Adrian | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| 8120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 27 | Louisiana | | 50 | 11 |
| COUNTY | | Therville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sda | | W | 25 | | |
| William | | D | 5 | | |
| George H | | S | 1 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|----------------|-----------|
| 1111 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| 1110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | Louisiana |
| COUNTY | | Camden | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Estelle | | W | 36 | | |
| Helene | | S | 16 | | |
| Edeline | | D | 13 | | |
| Dollene | | D | 10 | | |
| Lucie | | D | 7 | | |
| Greinany | | S | 2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|----|
| 550 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | 50 |
| | | | | SHEET 18 | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Cornelia | W | 31 | | |
| | Louise | S | 14 | | |
| | Leola | S | 10 | | |
| | Ida M | S | 5 | | |
| | Louisa | H | 7 | | |
| | Peru | H | 1 | | |

FORM 10-536 (4-20-91)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-----|----------------|
| 813 | HEAD OF FAMILY |
|-----|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Kellums |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Eddora | W | 24 | | | |
| Andrew | S | 12 | | | |
| Andrew | D | 16 | | | |
| Clarence | D | 8 | | | |
| Clay | S | 3 | | | |
| Willie | S | 5 1/2 | | | |

FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L120 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Lafayette, La. |
| COUNTY | | Ascension | | CITY | 4 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clementine | | w | 27 | | |
| Enola | | d | 7 | | |
| Joseph | | s | 4 | | |
| Lucida | | d | 3 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L 120 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| C120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 35 | Assumption | | 8 | 5 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 25 | | |
| Lee | | S | 7 | | |
| Emile | | S | 6 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|------|------------|--|
| 5120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | cc | AGE | 34 | BIRTHPLACE | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | w | 28 | | |
| Charles | | s | 8 | | |
| Lillian | | d | 3 | | |
| Rosa | | s | 6/12 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|------|--|----------------|--|-----------|--|
| 4110 | | HEAD OF FAMILY | | LOUISIANA | |
|------|--|----------------|--|-----------|--|

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| L110 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 34 | Louisiana | 104 | 43 |
| COUNTY | | CITY | | |
| Terrebonne | | Houma | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Kelly | W | 35 | | |
| Wright | S | 12 | | |
| Virginia | D | 11 | | |
| Willis | S | 8 | | |
| Wesley | S | 6 | | |
| Levin | S | 4 | | |
| Bundy | D | 1/2 | | |

FORM 10-636 (14-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|--|--------------------|--------------|-------------------|
| 7143 | HEAD OF FAMILY
<i>LeBete Desire</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE | | E.D.
<i>12</i> |
| COUNTY | | SHEET
<i>22</i> | | |
| Iberia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Amieville</i> | | <i>W</i> | <i>24</i> | |
| <i>Lewis</i> | | <i>F</i> | <i>2 1/2</i> | |
| <i>Willie</i> | | <i>S</i> | <i>1</i> | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | Leboeuf, Duvillain |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Felicie | | W | 23 | | |
| Clair | | S | 18 | | |
| | | | | | |
| | | | | | |
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FORM 70-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| 5126 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | Italy |
| COUNTY | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lina | | W. | 41 | Italy | |
| Antonio | | S | 7 | | |
| John | | S | 5 | | |
| Bobby | | S | 14 | | |
| Theresa | | S | 8 | | |
| Lolita | | S | 7 | | |
| George | | S | 5 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

10-6360 4 1 6

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15180-501

5-1-1911 1-1911-7-1

| | | | | | |
|---|--------|--------------------|------|----------------|-------------------------|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | <i>Safosse Dominica</i> |
| COUNTY | Acadia | | CITY | <i>Crowley</i> | |
| ENUMERATED WITH | | | | | |
| <i>Safosse Rose</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>brother</i> </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|---|---|---|----------|--|----------|
| 8120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 14 | BIRTHPLACE | E.D. 133 |
| | | | SHEET 38 | | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Boutierez Emmanuel | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|---------|----------------|-------|------------|-----------------|
| L126 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | Lucassey, E. L. |
| | | | | E. D. | 34 |
| | | | | SHEET | 12 |
| COUNTY | | | Caddo | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Belle | W | 92 | | |
| | Earnest | S | 18 | | |
| | Arnold | S | 13 | | |
| | Curran | D | 10 | | |
| | Elmor | S | 7 | | |
| | Chas | D | 5 | | |
| | John | S | 3 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

10108-1-01

| | | | | | |
|-------------------------|---|----------------|-------|------------|-----------------|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | E.D. 57 SHEET 8 |
| COUNTY | | Cameron | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosalie | | W | 30 | | |
| Abide | | D | 12 | | |
| Amadee | | D | 9 | | |
| Macile | | D | 6 | | |
| Elizabeth | | D | 3 | | |
| Hollis | | D | 2 1/2 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|------------------|
| X 120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 14 | BIRTHPLACE | Lafayette Easter |
| COUNTY | | Pointe Coupee | | E.D. | 75 |
| | | CITY | | SHEET | 3 |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| Gardner Jack | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S.D. | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18188-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mu | 20 | Lipscomb Eddie | | 141 | 4 |
| COUNTY | | CITY | | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Anelia | | W | 17 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

6121

| | |
|----------------|--|
| HEAD OF FAMILY | |
|----------------|--|

2421

| | | | |
|-------------------------|--------------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| 246 | Laviapere, Edinore | | E.D. 72 |
| COLOR B | AGE 40 | BIRTHPLACE | |
| COUNTY Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Annie | Wife | 36 | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L125 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 18 | E.D. | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET 7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Tangipahoa | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Hammond | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Spiller M M Mrs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|--|---|---|------|--|----|
| 410 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 10 | E.D. | 56 |
| | | BIRTHPLACE | | SHEET 6 | |
| COUNTY | | | CITY | | |
| Cameron | | | | | |
| ENUMERATED WITH | | | | | |
| Dupuy, Martiel | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | |
|--|---|--|----|--|-----|
| L 20 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 10 | E.D. | 125 |
| | | BIRTHPLACE | | SHEET 7 | |
| COUNTY | | St. Martin | | CITY | |
| ENUMERATED WITH | | | | | |
| Mulla Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|-------------------|--------------------|
| 8120 | | NAME OF INDIVIDUAL
<i>Lahist Edward</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>12</i> | BIRTHPLACE | | E.D.
<i>48</i> | SHEET
<i>34</i> |
| COUNTY
<i>Lafourche</i> | | CITY | | | |
| ENUMERATED WITH
<i>Pison Ellen</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Orphan</i> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16199-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 20 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 5 | 30 | NC | | 87 | 9 |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lula | | W | 28 | La | |
| Louise | | D | 9 | | |
| Mary | | D | 6 | | |
| Charlie | | D | 2 | | |
| 1 etc | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|--------------------|
| 1 12 | NAME OF INDIVIDUAL |
|------|--------------------|

| | | | | | |
|---|---|--------------------|----|------------|------------------|
| L 120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | E.D. 39 SHEET 33 |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | |
|-------------------------|----------------|--------------------|-----------|-----------------|
| 210 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR B | AGE 31 | Name Label, Edward | | E.D. 8 SHEET 18 |
| COUNTY | | CITY | | |
| Ascension | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Wallace | | S | 12 | |
| Epheha | | D | 9 | |
| Bloten, Epheha | | M | 69 | |
| Galaxy, Daisy | | Friend | 32 | |
| Curtis | | Friend | 19 | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|---------------------|------------|------------|-------|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| 14 | 28 | Lafayette Edison L. | | 14 | 25 |
| COUNTY | | | | | |
| Avoyelles | | | CITY | | |
| | | | Marksville | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lizette | | W | 17 | | |
| Maccolm | | S | 1 | | |
| And 1 servant | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 4110 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 57 | | 56 | 4 |
| COUNTY | | CITY | | |
| Cameron | | 1 | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Thonia | H | 57 | | |
| Martin | S | 29 | | |
| Euphonia | D | 21 | | |
| Edie | GS | 4 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| 8-20 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 59 | ala | 107 | 3 |
| COUNTY | | CITY | | |
| Sabine | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Living alone | | | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | E.D. 133 SHEET 37 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | S | 21 | | |
| Edna | | Da | 13 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|------|--|----|
| 2135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 65 | E.D. | 47 |
| | | BIRTHPLACE | | SHEET 17 | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Lipscomb, Charles W | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P61

| | | | | | |
|--|---|--------------------|----|------------|------|
| 2110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 78 | BIRTHPLACE | SA 6 |
| COUNTY | | CITY | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>SD</u> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|------------|-----------------|-----|------------|-------|
| L 110 | | HEAD OF FAMILY | | E.O. | SHEET |
| W | | E. Beauf, Ellis | | 105- | 27 |
| COLOR | AGE | BIRTHPLACE | | | |
| | 44 | | | | |
| COUNTY | Terrebonne | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Alice | W | 34 | | |
| | Albert | S | 18 | | |
| | Estienne | S | 17 | | |
| | Alice | D | 13 | | |
| | Felton | S | 11 | | |
| | Julien | S | 8 | | |
| | Clivia | D | 6 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|--|-------|
| 2120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lopez Elvira | | | | E.O. | SHEET |
| COLOR | W | AGE | 19 | 133 | 38 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Condon, Julia | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0194-11C 1910-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| 5-20 | | HEAD OF FAMILY | | LOUISIANA | |
| Lopez Emanuel | | E.D. | | SHEET | |
| COLOR | W | AGE | 35 | BIRTHPLACE | 8510 |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eva | | W | 28 | | |
| Willie | | S | 14 | | |
| Anne | | D | 13 | | |
| Julia | | D | 12 | | |
| Floria | | D | 10 | | |
| Lariva | | D | 8 | | |
| Monica | | D | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| L110 | NAME OF INDIVIDUAL <i>LeBoeuf Emela</i> |
| COLOR <i>W</i> | E.O. <i>108</i> SHEET <i>5</i> |
| AGE <i>9</i> | BIRTHPLACE |
| COUNTY | CITY |
| <i>Terrebonne</i> | |
| ENUMERATED WITH <i>Brunet Jean Baptiste</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 14-20-81

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&M-DC 18100-P61

| | | | | | |
|-------------------------|--|----------------|------------------|------------|-------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 42 | Lebeauf, Emelien | 69 | 22 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Regina | | w | 37 | | |
| / Azema | | d | 11 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|-----------------|-------------------------------|---|--|--------------------------------|--|--|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 21 | Spain | 61 | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Bernard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Serranidez, John | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td>OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|
| 512 | | HEAD OF FAMILY | E.D. |
| Dopere, Emile | | 11 | SHEET 6 |
| COLOR | AGE | BIRTHPLACE | |
| Man | 56 | | |
| COUNTY | Iberia | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Inez | W | 57 | |
| Victoria | D | 25 | |
| Rial | S | 23 | |
| Alieba | S | 21 | |
| Bat | D | 19 | |
| Manuel | S | 17 | |
| Francis | D | 15 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------------|----------------|-----|------------|--|
| 7125 | | HEAD OF FAMILY | | LOUISIANA | |
| E.O. | | SHEET | | 138 3 | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | | | | |
| COUNTY | West Baton Rouge | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lelia | | W | 41 | | |
| Louis | | S | 16 | | |
| Andrew | | S | 13 | | |
| Emile Jr. | | S | 10 | | |
| Lillian | | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|--|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Boeuf Emile | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | | | | |
| COUNTY | Ascension | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Camille m. | | w | 36 | | |
| Emile jr. | | s | 10 | | |
| Carl | | s | 7 | | |
| Edward W. | | s | 5 | | |
| Alice R. | | d | 3 | | |
| James J. | | s | 7/12 | | |
| Miesin | | f | 94 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|------------------|-----|------------|-------|
| C116 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 26 | | 139 | 5- |
| BIRTHPLACE | | | | | |
| COUNTY | | West Baton Rouge | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------|--|-------------------|--|
| 5110 | | HEAD OF FAMILY | | Le Bonet Emelin | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. 142 SHEET 26 | |
| a | | 45 | | | | | |
| COUNTY | | | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| Cecelia | | | | W | | 39 | |
| Maurice | | | | S | | 21 | |
| Eulalie | | | | D | | 19 | |
| Desire | | | | S | | 17 | |
| Agnes | | | | D | | 13 | |
| Cyril | | | | S | | 11 | |
| Cecilia | | | | D | | 8 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED
4

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION
SHIP | AGE | BIRTHPLACE |
|------------------|------------------|-----|------------|
| Charline | S | 3 | |
| Larhton | S | 1 | |
| Charvin Clemence | GD | 18 | |
| Le Bouy Lloyd | GCI | 12 | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-7-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMER 15148-1-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2120 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lopez Emma | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 4 1/2 | 13340 | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTH PLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wilkinson Ernest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1810-P61

2110

| | | | |
|--|---|---|-------|
| NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Boef, Emma | | E.O. | SHEET |
| COLOR | AGE | 71 | 4 |
| W | 60 | BIRTHPLACE | |
| COUNTY | | CITY | |
| St. James | | | |
| ENUMERATED WITH | | | |
| Le Boef, Maurice, Sr. | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | SI |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| 2120 | | NAME OF INDIVIDUAL <i>Henry Desigue</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.D. 52 | | SHEET 26 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>W</i> | AGE <i>22</i> | BIRTHPLACE <i>Cuba</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY <i>Plaquemines</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Alain, Frank</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>NR</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>NR</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>NR</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lebrun Ernest | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 45 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Octava | | w | 33 | | |
| Celine | | S | 3 | | |
| Ouelis | | S | | | |
| Anastie | | S | 6 | | |
| Clara | | S | 4 | | |
| Joseph | | S | 15 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------|--|-----------|--|
| L110 | | HEAD OF FAMILY | | Le Bowf, Ernest | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| W | | 33 | | | | 70 17 | |
| COUNTY | | | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Georgiana | | | | W | | 27 | |
| Jane | | | | D | | 7 | |
| Oady | | | | D | | 6 | |
| Perry | | | | S | | 2 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | |
|--|-----------------|--|------|-----------|-------------------|--------------------|
| 5120 | | NAME OF INDIVIDUAL
<i>Leford Ernest</i> | | LOUISIANA | E.D.
<i>48</i> | SHEET
<i>31</i> |
| COLOR
<i>W</i> | AGE
<i>3</i> | BIRTHPLACE | | | | |
| COUNTY
<i>Lafourche</i> | | | CITY | | | |
| ENUMERATED WITH
<i>Salinas Ernest</i> | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Orphan</i> </div> </div> | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P81

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| 25- | | HEAD OF FAMILY | | LOUISIANA | |
| 25- | | Lipcomb Ernest W | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 114 | 6 |
| W | 25 | W.C. | | | |
| COUNTY | | CITY | | | |
| Richland | | Rayville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Wright B | | W | 23 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---------|---|------|--|------|
| 2110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Bonef, Essie | | E.D. | | SHEET | |
| COLOR | W | AGE | 4 | BIRTHPLACE | 56 4 |
| COUNTY | Cameron | | CITY | | |
| ENUMERATED WITH | | | | | |
| Le Bonef, Elidon | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 5726 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 36 | | 15 | 18 |
| COUNTY | | | Iberia | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amita | | W | 25 | | |
| Edward | | S | 5 | | |
| Ania | | S | 3 | | |
| Alexis | | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 55 | | 105 | 3 |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 48 | | |
| Louisa | | D | 21 | | |
| Raymond | | S | 18 | | |
| Eveline | | D | 15 | | |
| Julius | | S | 12 | | |
| Melodia | | S | 9 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---|---|---|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 9 | E.O. | 9 |
| | | BIRTHPLACE | | SHEET | |
| | | | | 17 | |
| COUNTY | | Acadia | | CITY | |
| ENUMERATED WITH | | Richard, Octave | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INSATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
AA S | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMP-DC 16106-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.D. | SHEET | | |
| 2126 | 30 | 9 | |
| COLOR | AGE | BIRTHPLACE | |
| W | 30 | | |
| COUNTY | CITY | | |
| Iberia | Mon Iberia | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Teresa | W | 32 | |
| René | D | 10 | |
| Agnes | D | 8 | |
| | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|-----------------|-----|------------|-------|
| L125 | | HEAD OF FAMILY | | LOUISIANA | |
| L125 | | Lavigne, Eugene | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 30 | 22 |
| Ln | 40 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Malligelo | W | 38 | | |
| | Alcable | S | 19 | | |
| | Joseph | S | 18 | | |
| | Lori | S | 12 | | |
| | Celestine | D | 15 | | |
| | Lizzie | D | 14 | | |
| | Victorine | D | 13 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------------|-------------------|-----|------------|
| / Victoria | D | 12 | |
| / Emma | D | 10 | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continue)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-1-61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.D. | SHEET | | |
| 110 | 18 | | |
| COLOR | AGE | BIRTHPLACE | |
| W | 62 | | |
| COUNTY | CITY | | |
| Terrebonne | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ernestine | W | 48 | |
| Frank | S | 18 | |
| James | S | 16 | |
| Pauline | S | 14 | |
| Kate | S | 12 | |
| Robert | S | 9 | |
| Edna | S | 6 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| 1 Esula | D | 2 | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P-61

| | | | | | |
|-------------------------|--|----------------|------------------|------------|-------|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 54 | Lafayette Eugene | 92 | 19 |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 47 | | |
| Uda | | D | 17 | | |
| Oliver | | D | 14 | | |
| Lavinia | | S | 5 | | |
| Genovia | | D | 6 | | |
| Eugene | | D | 3 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|-------------------------|--|
| 2125 | HEAD OF FAMILY
<i>Divorced Eugene</i> |
| E.D.
103 | SHEET
17 |
| COLOR
B | AGE
35 |
| BIRTHPLACE | |
| COUNTY
St. Landry | CITY
<i>Opaville</i> |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| | AGE |
| | BIRTHPLACE |
| <i>Ella</i> | <i>W</i> |
| | <i>24</i> |
| <i>Eugene</i> | <i>S</i> |
| | <i>7</i> |
| <i>Joseph</i> | <i>S</i> |
| | <i>4</i> |
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FORM 10-63 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|--|---|------|--|-------------|
| L110
COLOR
W | | NAME OF INDIVIDUAL
Le Bonaf, Criss | | B.O.
110 | SHEET
39 |
| AGE
61 | | BIRTHPLACE | | | |
| COUNTY
Terrebonne | | | CITY | | |
| ENUMERATED WITH
Le Bonaf, George | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

| | | | | | | | | | |
|--|--|--------------------|---|------------|--|---|--|-------|--|
| 2125 | | NAME OF INDIVIDUAL | | Louisiana | | E.D. | | SHEET | |
| COLOR | | AGE | | BIRTHPLACE | | 42 | | 3 | |
| W | | 11 | | | | | | | |
| COUNTY | | | | CITY | | | | | |
| East Feliciana | | | | Jackson | | | | | |
| ENUMERATED WITH | | | | | | | | | |
| Fauver Vance W | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
2D | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|--------------------|
| L 120 | | NAME OF INDIVIDUAL
<i>Lepout, Canice</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>12</i> | BIRTHPLACE | | E.O.
<i>4</i> | SHEET
<i>27</i> |
| COUNTY
<i>Acadia</i> | | CITY | | | |
| ENUMERATED WITH
<i>Matt Charles D.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 1910S-P61

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| 8110 | | HEAD OF FAMILY | | LOUISIANA | |
| E. D. | | SHEET | | 71 9 | |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 28 | | | | |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | S | 1 1/2 | | |
| Bada | | D | 7 | | |
| Thompson | | S | 11 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|--|-------|
| 2110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 57 | Lafayette | 76 | 20 |
| COUNTY | | | CITY | | |
| Lafayette | | | Lafayette | | |
| ENUMERATED WITH | | | | | |
| Troy, Herbert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15196-P61

| | | | | | |
|---|--|---|-------------|--|-------|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 5 | Lopez, Eras | 15 | 3 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| ENUMERATED WITH | | | | | |
| Theriot, Hildebert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|---|-----|--------------------|--|-----------|--|------|-------|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | | E.D. | SHEET |
| Lopez Eneline | | | | | | 133 | 40 |
| COLOR | AGE | BIRTH PLACE | | | | | |
| W | 21 | | | | | | |
| COUNTY | | | | CITY | | | |
| Vermillion | | | | | | | |
| ENUMERATED WITH | | | | | | | |
| Welham Ernest | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;">S</div> </div> </div> | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|----------|--------------------|-----|------------|-------|
| 5110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 11 | 60 | Le Breun Fustetier | | 108 | 3 |
| COUNTY | | Tetrebbonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Adelia | U | 47 | | |
| | Columbus | S | 14 | | |
| | Aline | D | 16 | | |
| | Carrie | D | 12 | | |
| | Berque | D | 7 | | |
| | Lusse | D | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 48 | | | 128 | 5 |
| COUNTY | | | CITY | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | D | 28 | | |
| Josephine | | D | 19 | | |
| Fidara | | D | 17 | | |
| Gemma | | D | 15 | | |
| Louise | | D | 9 | | |
| Felix | | S | 29 | | |
| Adolph | | S | 22 | | |

FORM 16-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|-------------------|--|------------------|--|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR B | | AGE 38 | | E.D. 117 SHEET 7 | |
| BIRTHPLACE | | St. Landry | | | |
| COUNTY | | CITY Ville Platte | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | | AGE | |
| Eda | | W | | 35 | |
| Eutha | | D | | 15 | |
| Rebecca | | D | | 9 | |
| McKinley | | S | | 6 | |
| Victoria | | D | | 4 | |
| Emma | | D | | 2 | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------------|---|--------|
| L110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Berye Felicien | | E.D. | SHEET | | |
| COLOR | W | AGE | 72 | BIRTHPLACE | 109 17 |
| COUNTY | | | Jerrebonne | | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Lanzo John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SP | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18186-P61

7120

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| 6100 | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 35 | | 50 5 |
| COUNTY | Calcasieu | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Angela | 4 | 26 | |
| Estelle | 2 | 8 | |
| Subover | 1 | 4 | |
| oh | 1 | 2 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|---|-----------------------------|------------------|--------------------|
| L120 | HEAD OF FAMILY
<i>La Louis Felix</i> | | LOUISIANA | |
| COLOR
<i>Wm</i> | AGE
<i>38</i> | BIRTHPLACE
<i>Acadia</i> | E.D.
<i>2</i> | SHEET
<i>18</i> |
| COUNTY
<i>Acadia</i> | | CITY
<i>Acadia</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Constance</i> | | <i>w</i> | <i>36</i> | |
| <i>Angelina</i> | | <i>d</i> | <i>21</i> | |
| <i>Albert</i> | | <i>s</i> | <i>19</i> | |
| <i>Mary</i> | | <i>d</i> | <i>17</i> | |
| <i>Elbertine</i> | | <i>d</i> | <i>15</i> | |
| <i>Alphonse</i> | | <i>s</i> | <i>13</i> | |
| <i>Argentine</i> | | <i>d</i> | <i>11</i> | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| / Ernice | d | 9 | |
| Charles | s | 7 | |
| Lucille | d | 5 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | | | |
|-------------------------|--|----------------|--|------------|--|------------|--|
| L120 | | HEAD OF FAMILY | | Louisiana | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| B | | 34 | | | | 136 | |
| COUNTY | | | | Vermillion | | CITY | |
| | | | | | | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Edel | | W | | 30 | | | |
| Greta | | D | | 14 | | | |
| Joseph | | S | | 11 | | | |
| Maurice | | S | | 8 | | | |
| Lawrence | | S | | 6 | | | |
| Antoine | | S | | 3 | | | |
| Edward | | S | | 9 1/2 | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|--|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | E.D. 44
SHEET 26
Texas, Berdmand
Mexico |
| COUNTY | Calcasieu | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Amelia | | W | 30 | Mex. | |
| And 2 Bonaders | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|------------------------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | 70000 Ferdinand Mexico |
| COUNTY | Calcasieu | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Anna | | W | 3 | Mexico | |
| 2 Bernard | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| 5146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Lopez, Ernest |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Remance | | W | 26 | | |
| Beatty | | D | 8 | | |
| Errie | | S | 6 | | |
| Ernest Jr | | S | 3 | | |
| Hestly | | S | 12 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|-------|----------------|-----|---------------|--|-----------|-----|
| 6120 | | HEAD OF FAMILY | | Laboze Ernest | | LOUISIANA | |
| COLOR | B | AGE | 28 | BIRTHPLACE | | E.D. | 136 |
| | | | | | | SHEET | 17 |
| COUNTY | | Vermillion | | CITY | | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Dora | W | 27 | | | | |
| | Mamie | D | 8 | | | | |
| | Eddie | D | 6 | | | | |
| | Jane | D | 5 | | | | |
| | Mae | D | 1 | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|----------------|
| L/25 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 21 | BIRTHPLACE | Levison Fields |
| COUNTY | | CITY | | E.D. | |
| | | Old borne | | 16 | |
| ENUMERATED WITH | | SHEET | | | |
| | | 5 | | | |
| RELATIONSHIP TO ABOVE | | Levison Jim | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16105-P61

FORM 10-636 (10-20-61)

| | | | | | |
|-------------------------|---|----------------|-------|------------|-------------------|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 69 | BIRTHPLACE | Leviage Filagrame |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elvira | | w | 55 | | |
| Craig | | d | 18 | | |
| Mark | | d | 16 | | |
| Nora | | 4 Cl | 6 | | |
| Dwight Mary Ma | | d | 28 | | |
| / Cindrick | | 4 Cl | 2 | | |
| Maurice | | 4 Cl | 4 1/2 | | |

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|------------------|
| 7110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 4 | BIRTHPLACE | Le Bessie Flecia |
| COUNTY | | JEFFERSON | | E.D. | 109 |
| | | | | SHEET | 17 |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 SD </div> </div> | | | | | |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18199-P61

| | | | | |
|-------------------------|----------------|-----------------|------------|-------|
| R110 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| White | 30 | L. D. F. Lorton | 71 | 7 |
| COUNTY | | CITY | | |
| St. James | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ella | W | 35 | | |
| Gilberta | D | 11 | | |
| Elpis Hazel | D | 9 | | |
| Wilma | D | 7 | | |
| Albert | S | 6 | | |
| Loristan | D | 4 | | |
| Murray | S | 1 1/2 | | |

FORM 10-434 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|-------------------------|------------|-------------|
| 4110 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
47 | NAME
Lebeuf Florian | | E.D.
121 |
| COUNTY | | SHEET
2 | | |
| | | BIRTHPLACE
St Landry | | |
| CITY | | Eunice | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie A | W | 36 | | |
| Mary | D | 16 | | |
| Laurence | S | 14 | | |
| Florian | S | 11 | | |
| Louise | D | 9 | | |
| Elvige | D | 4 | | |
| Irma | D | 1 | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|---------------|------|------------|-------|
| 2110 | | HEAD OF FAMILY | | La Bomp Tolon | | LOUISIANA | |
| COLOR | W | AGE | 41 | BIRTHPLACE | E.D. | | SHEET |
| | | | | 142 | | 26 | |
| COUNTY | | | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elsina | | | | W | 39 | | |
| Lawrence | | | | S | 15 | | |
| Clarence | | | | S | 13 | | |
| Elizabeth | | | | D | 11 | | |
| Lissa | | | | S | 10 | | |
| Lena | | | | D | 7 | | |
| Clifford | | | | S | 6 | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L120 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 65 | Folance | | 8 |
| COUNTY | | SHEET | | |
| Assumption | | 23 | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Malvina | W | 60 | | |
| Elija | D | 35 | | |
| August | S | 27 | | |
| Charles | S | 25 | | |
| Josephine | D | 19 | | |
| Edward | S | 11 | | |
| Rockright Homere | A ch. | 3 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|------------|------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----|--------------------------------|--|--|
| 2125 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 2 | BIRTHPLACE | Foot | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | E.D. SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Foot Female | | 215 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Clinton | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Green, Nathan | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>5-5</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 5-5 | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 5-5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16105-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| P. 20 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 17 | E.D. | 95 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | 17 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Tammany | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bittel Francis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15105-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| X120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 45 | Tex | | 29 | 25 |
| COUNTY | | CITY | | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ambrosia | | W | 43 | Tex | |
| Matiana Sarah | | D | 25 | Tex | |
| 1 Celilia | | B D | 4 | Tex | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L-111 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | Lebay Francais |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alfreda | | w | 45 | | |
| Theroville | | s | 23 | | |
| Lucie | | d | 20 | | |
| Ernest | | s | 15 | | |
| Alide | | s | 12 | | |
| Ary | | s | 9 | | |
| Aminthe | | d | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|------------------|
| 2020 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | lv | AGE | 75 | BIRTHPLACE | Lopez, Louisiana |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Zoufide | | w | 76 | | |
| Gary Zoufide | | Ward | 60 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| X 110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| Blk | 62 | St. James | | 73 | 18 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Virginia | | 40 | 48 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|---------------|
| L112 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Leboul, Frank |
| COUNTY | | St. Mary | | CITY | morgan |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Josephine | W | 30 | | |
| | Ambrosine | D | 14 | | |
| | Matilda | D | 13 | | |
| | Carmilla | S | 11 | | |
| | Horace | S | 5 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 219 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | La Bocus Frank |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | W | 37 | | |
| Naomia | | D | 17 | | |
| Agnes | | D | 13 | | |
| Josephine | | D | 11 | | |
| Samuel | | D | 8 | | |
| Fannie | | S | 6 | | |
| Jimmie | | S | 2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|-----------|
| L110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | Ascension |
| COUNTY | | CITY | | ED. 6 SHEET 13 | |
| ENUMERATED WITH | | | | | |
| Le Bonuf Emile | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
h | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18185-P61

2120

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L to | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| w | 52 | Lucy Brack | | 50 | 5 |
| COUNTY | | CITY | | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ellen | | w | 45 | | |
| Frank | | d | 18 | | |
| Joseph | | d | 15 | | |
| Twinnia | | s | 13 | | |
| Amelia | | d | 11 | | |
| Mary Rosa | | d | 30 | | |
| 1. Ira | | 46 | 5 | | |

FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|-------|
| 8, 20 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W. | AGE | 60 | BIRTHPLACE | Spain |
| COUNTY | | St. Bernard | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 41 | | |
| Frank | | S | 18 | | |
| | | | | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L-120 | NAME OF INDIVIDUAL
<i>Lepack Frank</i> |
| COLOR | E.D.
<i>145</i> |
| AGE
<i>18</i> | SHEET
<i>9</i> |
| BIRTHPLACE
<i>Austria</i> | |
| COUNTY
<i>West Carroll</i> | CITY |
| ENUMERATED WITH
<i>Lepack Marco</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1816B-P61

| | | | | | |
|--|-----|---|--|--|-------|
| 6121 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 25 | | | 129 | 8 |
| COUNTY | | CITY | | | |
| Winne | | | | | |
| ENUMERATED WITH | | | | | |
| Barker James A. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
no relation | |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| L 125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | E.D. | 30 |
| | | BIRTHPLACE | | SHEET 3 | |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Helena H | | W | 35 | New | |
| Lula B | | D | 9 | | |
| Keith G | | D | 7 | | |
| John L | | D | 3 | | |
| Vaddeh, Albert | | Son | 27 | Utah | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------|--|----------------|------------|------------|-------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 66 | | 24 | | 107 | 9 |
| COUNTY | | | CITY | | |
| Sabin | | | | | |
| MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Ellen | | 6 | 23 | | |
| Earnest W. | | 5 | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|-------------------|--|-------|
| L 125 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Lipscomb Frederick | | E.D. | SHEET |
| COLOR | W | AGE | 17 | 101 | 10 |
| | | BIRTHPLACE | | | |
| COUNTY | | | Quachita | CITY | |
| | | | | Nowroe | |
| ENUMERATED WITH | | | Collins & Francis | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-67)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOPM-DC 18188-P61

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|---------|
| HEAD OF FAMILY | | E.O. | SHEET | |
| C 110 | | LeBoeuf | | Gabriel |
| COLOR | AGE | BIRTHPLACE | | |
| u | 55 | | | |
| COUNTY | | Terrebonne | | CITY |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillean | u | 50 | | |
| Adelaide | D | 21 | | |
| Augustine | S | 14 | | |
| Andrew | S | 12 | | |
| Mary | D | 10 | | |
| Adam | S | 8 | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| L. 20 Lopez Gabriel. | | 133 | 18 |
| COLOR | AGE | BIRTHPLACE | |
| W. | 32 | | |
| COUNTY | Vermillion | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Victoria | W. | 28 | |
| Ernesta | D | 12 | |
| Alba | S | 11 | |
| Valencia | D | 8 | |
| Enrique | S | 6 | |
| Ernest | S | 3 | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------------|--------------------------------|--|--|
| C120 | NAME OF INDIVIDUAL
<i>Lopez Gabriel</i> | | E.D.
<i>133</i> | SHEET
<i>26</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Segura Adam</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Adm</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Adm</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Adm</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P61

| LOUISIANA | | | |
|-------------------------|----------------------------------|---------------------|------------|
| 412c | HEAD OF FAMILY
Koroi Galletta | | E.O.
36 |
| COLOR
W | AGE
53 | BIRTHPLACE
Syria | |
| COUNTY
Calcasieu | CITY
Lake Charles | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Rennie | W | 45 | Syria |
| | | | |
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|-------------------------|-----|----------------|-----|------------|--|
| 5110 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Bonet, George | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 19 | | | | |
| COUNTY | | T. BONNE | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Cruise | | M | 61 | | |
| Russ, Edwin | | B | 36 | | |
| | | | | | |
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LOUISIANA

| | | | | | |
|-------------------------|-----|-----------------|--------|------------|-------|
| L/10 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | E. B. Bush, Jr. | | 71 | 4 |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 30 | | | | |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. B. Bush | | W | 23 | | |
| George Jr. | | S | 3 1/2 | | |
| Margaret | | D | 16 1/2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-------|------------|--|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| E.O. | | SHEET | | 68 5 | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 33 | | | | |
| COUNTY | St. James | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bertha | | W | 28 | | |
| Mable | | S | 11 | | |
| Milton | | S | 1 1/2 | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| 2720 | | 20 | 9 |
| COLOR | AGE | BIRTHPLACE | |
| | 1/2 | | |
| COUNTY | Te rebonne | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1. Jack | W | 40 | |
| | | | |
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FORM 10-636 (10-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L-35 | | NAME OF INDIVIDUAL
<i>Lavigne, George</i> | | E.D.
<i>52</i> | SHEET
<i>19</i> |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE | | | |
| COUNTY
<i>Plaquemines</i> | | CITY | | | |
| ENUMERATED WITH
<i>Cox Irwin</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-NC 1616B-P&I

| | | | LOUISIANA | |
|-------------------------|----------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.O. | SHEET |
| 8123 | Lester, George | | 128 | 14 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 75 | Miss | | |
| COUNTY | | CITY | | |
| Tensas | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|--|----------------|--------------|-----|------------|------|-------|
| 1120 | | HEAD OF FAMILY | | Yes | | E.O. | SHEET |
| B | | AGE | 35 | | | | |
| | | BIRTHPLACE | | | | | |
| COUNTY | | | Ouachita | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Emma | | | W | 30 | | | |
| Abraham M. | | | Ed | 10 | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|------|---|-------------|
| L120 | | NAME OF INDIVIDUAL
<i>Lubach, George H</i> | | E.D.
95 | SHEET
17 |
| COLOR
<i>H</i> | AGE
<i>21</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Tammany</i> | | | CITY | | |
| ENUMERATED WITH
<i>Bittel, Francis</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> <i>FATHER</i> (Specify)
<i>S</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1910-101

LOUISIANA

| L110 | | HEAD OF FAMILY
<i>Le Bon, George</i> | | E.D.
56 | SHEET
4 |
|--------------------------|-----------------|---|------------|------------|------------|
| COLOR
<i>W</i> | AGE
<i>4</i> | BIRTHPLACE | | | |
| COUNTY
<i>Cameron</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| <i>Mary</i> | <i>W</i> | <i>37</i> | | | |
| <i>Lyndee</i> | <i>D</i> | <i>16</i> | | | |
| <i>William</i> | <i>S</i> | <i>14</i> | | | |
| <i>Eleonor</i> | <i>D</i> | <i>12</i> | | | |
| <i>George</i> | <i>S</i> | <i>10</i> | | | |
| <i>William</i> | <i>S</i> | <i>4</i> | | | |
| <i>F. L.</i> | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-----------------------------|------------------|---|--------------|--------------------|--------------------|
| <i>L 125</i> | | HEAD OF FAMILY
<i>Louigne Gerard</i> | | E.O.
<i>132</i> | SHEET
<i>51</i> |
| COLOR
<i>mul</i> | AGE
<i>23</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Martin</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Regina</i> | | <i>W</i> | <i>20</i> | | |
| <i>1 Alfred</i> | | <i>S</i> | <i>7 1/2</i> | | |
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FORM 10-434 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-----------------------------|---|--------------|-------------|-------------|
| L110 | HEAD OF FAMILY
<i>Le Bonf, Hillman</i> | | E.D.
103 | SHEET
18 |
| COLOR
<i>W</i> | AGE
<i>28</i> | BIRTHPLACE | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Octavia</i> | | <i>W</i> | <i>28</i> | |
| <i>Lucy</i> | | <i>D</i> | <i>6</i> | |
| <i>Maudie</i> | | <i>D</i> | <i>3</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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|-------------------------|----------------|-----|-----------------|--------------|------|------------|-------|---|-----------|
| L120 | HEAD OF FAMILY | | Labange Gilbert | | E.O. | 136 | SHEET | 8 | |
| COLOR | W | AGE | 65 | BIRTHPLACE | | | | | |
| COUNTY | | | | Vermillion | CITY | | | | Abbeville |
| OTHER MEMBERS OF FAMILY | | | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Gilbert J. | | | | S | 35 | | | | |
| J.B. | | | | C | 26 | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-----------------------------|---------------------------------------|------------|--------------------|-------------------|
| d. 20 | HEAD OF FAMILY
<i>Lopez Girard</i> | | E.D.
<i>125</i> | SHEET
<i>5</i> |
| COLOR
<i>h</i> | AGE
<i>52</i> | BIRTHPLACE | | |
| COUNTY
<i>St. Martin</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Gilliat Paul</i> | <i>5. 1</i> | <i>28</i> | | |
| <i>1 Alina</i> | <i>12</i> | <i>23</i> | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|---------------------------------|--------------|-------------|-------------|
| L120 | HEAD OF FAMILY
Louis Bonzant | | E.D.
104 | SHEET
10 |
| COLOR
B | AGE
71 | BIRTHPLACE | | |
| COUNTY
Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Gilbert | | S | 26 | |
| Domwick | | S | 21 | |
| | | | | |
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FORM 10-626 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|----------------|--------------|-----|------------|-------|
| L125 | HEAD OF FAMILY | | | E.D. | SHEET |
| | Maurice Gus | | | 110 | 9 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 49 | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ledia | | w | 27 | | |
| Leon | | s | 12 | | |
| John P | | s | 9 | | |
| Alcie | | s | 4 | | |
| | | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|------------|------------|-------------|
| L 120 | NAME OF INDIVIDUAL
<i>Lahot Gustave</i> | | E.D.
48 | SHEET
27 |
| COLOR
<i>W</i> | AGE
16 | BIRTHPLACE | | |
| COUNTY | | CITY | | |
| Lafourche | | | | |
| ENUMERATED WITH
<i>Piton Gustave</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
 <u><i>Orphan</i></u> </div> </div> | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15195-P61

| | | | | | |
|--|------------------|--|-------------------|--|--|
| 2110 | | NAME OF INDIVIDUAL
<i>Lapson, Gustav</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>54</i> | BIRTHPLACE | E.O.
<i>78</i> | SHEET
<i>6</i> | |
| COUNTY
<i>St. John the Baptist</i> | | | CITY | | |
| ENUMERATED WITH
<i>Russell, Anisut</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

H

LOUISIANA

| | | | | | |
|--|-----------|---|--|---|-------------|
| L 124 | | NAME OF INDIVIDUAL
Leviculler, H. W. | | E.D.
44 | SHEET
27 |
| COLOR
W | AGE
23 | BIRTHPLACE | | | |
| COUNTY
Calcasieu | | CITY | | | |
| ENUMERATED WITH
Hockey, Jack E | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16198-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R123 | | NAME OF INDIVIDUAL
<i>Leviator, Harrison</i> | | E.O.
<i>58</i> | SHEET
<i>23</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>21</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Jackson</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Ellen John</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>C</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>C</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>C</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P61

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 40 | Ohio | 20 | 2 |
| COUNTY East Baton Rouge | | | CITY Baton Rouge | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ada | W | 27 | Wis | |
| Charles | S | 15 | Ohio | |
| Otis | S | 9 | La | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|--------|-----------------|-----|------------|-------|
| 2120 | | HEAD OF FAMILY | | E.D. | SHEET |
| Lopez Harry | | | | 18 | 15 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 48 | | | | |
| COUNTY | Iberia | CITY New Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | | w | 42 | | |
| William | | s | 22 | | |
| Henry | | u | 21 | | |
| Walker | | s | 19 | | |
| Jacob | | s | 17 | | |
| Albert | | s | 14 | | |
| Edna | | d | 12 | | |

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

(USCOMM-DC 15192-1'61)

LOUISIANA

| | | | | | |
|--|-----|---|--|---|-------|
| R120 | | NAME OF INDIVIDUAL | | E.D. | SHEET |
| | | Leaves Hance | | 114 | 14 |
| COLOR | AGE | BIRTHPLACE | | | |
| b | 30 | Miss | | | |
| COUNTY | | Tangipahoa | | CITY | |
| ENUMERATED WITH | | | | | |
| Barman, William D. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P61

| | | | LOUISIANA | |
|-------------------------|-----------------|--------------|-----------|------------|
| HEAD OF FAMILY | | | E D | SHEET |
| 5/20 | Luebeck Harry K | | 69 | 19 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 32 | N.C. | | |
| COUNTY | | CITY | | |
| De Soto | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / Virginia | | W | 34 | |
| / Harry L. | | S | 4 | |
| / Alice V. | | D | 2 | |
| Everett | Alva | M | 15 | |
| / | Elyse | Hi | 12 | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | |
|--|--|--------------------|--|------------------|--|--|--|-------|--|
| 8125 | | NAME OF INDIVIDUAL | | Lipscom Hattie | | E.D. | | SHEET | |
| COLOR | | AGE | | BIRTHPLACE | | | | | |
| B | | 17 | | | | | | | |
| COUNTY | | | | West Baton Rouge | | CITY | | | |
| ENUMERATED WITH | | | | Glen Pimise | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOPM-DC 18198-P61

| | | | | LOUISIANA | |
|-------------------------|-----|-------------------|------|------------|-------|
| L110 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Le Bon, Henrietta | | 103 | 20 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 37 | | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Crawford | | S | 13 | | |
| / Elinor | | D | 11 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|-------------|-----------|------------|
| L110 | NAME OF INDIVIDUAL
<i>LeBuff, Henry</i> | | E.D.
8 | SHEET
2 |
| COLOR
<i>W</i> | AGE
<i>12</i> | BIRTH PLACE | | |
| COUNTY
<i>Acadia</i> | CITY
<i>Marce Villages</i> | | | |
| ENUMERATED WITH
<i>LeBuff, Luanhar</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>orphan</i> </div> </div> | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

LOUISIANA

| | | | |
|---|---|--|---------|
| 2120 Lebyes Henry | | E.O. 143 | SHEET 5 |
| COLOR W | AGE 34 | BIRTHPLACE | |
| COUNTY | West Feliciana | CITY St F. Mannville | |
| ENUMERATED WITH
Lapel Mary | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P81

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L125 | | NAME OF INDIVIDUAL
<i>Lipson Henry</i> | | E.O.
<i>46</i> | SHEET
<i>10</i> |
| COLOR
<i>Mu.</i> | AGE
<i>35</i> | BIRTHPLACE | | | |
| COUNTY
<i>East Feliciana</i> | | CITY | | | |
| ENUMERATED WITH
<i>White Julia</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S.</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

LOUISIANA

| | | LOUISIANA | |
|-------------------------|-----------------------|-------------|------------|
| L 125 | HEAD OF FAMILY | E.D. | SHEET |
| | <i>Lepson Henry C</i> | 46 | 2 |
| COLOR | AGE | BIRTHPLACE | |
| W | 38 | | |
| COUNTY | CITY | | |
| | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Cora C</i> | <i>W</i> | <i>39</i> | |
| <i>Chas</i> | <i>S</i> | <i>7/12</i> | |
| <i>Bessie M</i> | <i>M</i> | <i>64</i> | |
| <i>Elmer Sarah C</i> | <i>A</i> | <i>66</i> | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|----|-------------|-------|
| K. 110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lefeur Holland | | E. D. | | SHEET | |
| COLOR | W | AGE | 22 | BIRTH PLACE | 40 23 |
| COUNTY | | Lafayette | | CITY | |
| ENUMERATED WITH | | | | | |
| Parks Thomas | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> BROTHER (Specify) | | | | | |
| Daughter | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15190-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2121 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labouf | | Sola | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ascension | | Donaldsonville | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gilla Hubert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10199-P01

| | | | | | |
|--|---|---|---|---|----|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 9 | ED | 52 |
| | | BIRTHPLACE | | SHEET | |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | Jennings | | | |
| RELATIONSHIP TO ABOVE | | Living in Convent | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
ho | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2120 | NAME OF INDIVIDUAL
<i>Lopez, Dy</i> | | E.D.
105 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
10 | BIRTH PLACE | SHEET
42 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
Terrebonne | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Lyons, Beldan</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S.D.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S.D.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S.D.</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| | | | | | |
|--|--|---|--|---|------------|
| 120
COLOR
W | | NAME OF INDIVIDUAL
Le Buck, J. | | E.D.
102 | SHEET
1 |
| AGE
54 | | BIRTHPLACE | | | |
| COUNTY | | Ouachita | | CITY | |
| ENUMERATED WITH
Nelson, J. L. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

LOUISIANA

| | | | | | | | | |
|-------------------------|-----|----------------|--------------|------|-----|-------|------------|--|
| 1125 | | HEAD OF FAMILY | | E.O. | | SHEET | | |
| | | Lawson, J. A. | | 107 | | 12 | | |
| COLOR | AGE | BIRTHPLACE | | | | | | |
| Ma | 61 | | | | | | | |
| COUNTY | | | St. Landry | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | |
| NAME | | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| J. Marie Jensen | | | W | | 40 | | | |
| Lemelle, Frank Clemons | | | N | | 21 | | | |
| And 1 Orphan | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|--|-------|
| 2120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 26 | | 136 | 8 |
| COUNTY | | Vermillion | | CITY | |
| | | | | Abbeville | |
| ENUMERATED WITH | | | | | |
| Latange Gilbert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

| | | | | LOUISIANA | |
|-------------------------|-----|--------------|-------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| 8125 | | Laurie J E | | 117 2 | |
| COLOR | AGE | BIRTHPLACE | | | |
| 6 | 54 | | | | |
| COUNTY | | CITY | | | |
| Tangipahoa | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lily | | W. | 45 | | |
| William E | | S | 20 | | |
| Leonard | | S | 15 | | |
| Henry J | | S | 15 | | |
| Mary C | | D | 17 | | |
| Joseph A | | D | 8 | | |
| Charles L | | S | 13 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L 110 | NAME OF INDIVIDUAL
<i>La Bette, J. E.</i> | | E.D.
<i>132</i> | SHEET
<i>22</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>52</i> | BIRTHPLACE
<i>Mo</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Washington</i> | | CITY
<i>Bogalusa</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Spencer, Allen D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Pa</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Pa</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Pa</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

| LOUISIANA | | | |
|-------------------------|----------------|-----|-------------|
| C121 | HEAD OF FAMILY | | Labange J G |
| E.D. | 1368 | | SHEET |
| COLOR | W | AGE | 36 |
| BIRTHPLACE | | | |
| COUNTY | Vermillion | | CITY |
| Abbeville | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Emily | W | 29 | |
| Mabel | D | 8 | |
| Joseph | S | 5 | |
| Mary | D | 2 | |
| Peret Nat | W | 35 | |
| | | | |
| | | | |
| | | | |

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|--|------|--|------------|--|
| L120 | | HEAD OF FAMILY | | E.O. | | SHEET | |
| | | Lups J. L. | | 119 | | 12 | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| W | 31 | Miss | | | | | |
| COUNTY | | Webster | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Stella | | W | | 30 | | Miss | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-------------------------------------|------------------------|-----|------------|------------|
| 2125 | HEAD OF FAMILY
Larivign, Mrs J S | | | E.D.
5 | SHEET
3 |
| COLOR
W | AGE
39 | BIRTHPLACE | | | |
| COUNTY
Ascension | | CITY
Donaldsonville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | |
| Lillian | | d | 24 | | |
| Boise | | d | 15 | | |
| Jeanne | | d | 13 | | |
| Jacob | | s | 11 | | |
| Vinnie | | d | 7 | | |
| Le Blanc, Lorennie | | sis | 44 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| 2/20 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lorris Jackson | | 115 | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 52 | | | |
| COUNTY | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Carrie | | W | 51 | |
| Myra | | d | 27 | |
| Bessie | | d | 22 | |
| Mort | | s | 20 | |
| Katie | | s | 19 | |
| Hardin | | d | 14 | |
| Bo | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2125 | | NAME OF INDIVIDUAL
<i>Lefoucau James</i> | | E D.
<i>114</i> | SHEET
<i>6</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>32</i> | BIRTH PLACE
<i>Miss</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Tangipahoa</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Wife, child</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----------|----------------|------|------------|--|
| P. 35 | | HEAD OF FAMILY | | LOUISIANA | |
| E. D. | | SHEET | | 56 14 | |
| COLOR | W | AGE | 32 | BIRTHPLACE | |
| COUNTY | Iberville | | CITY | Laguermin | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | | 29 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|---------------|--------------|-----------|------------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| L 124 | Lefevre James | | 142 | 2 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 31 | | | |
| COUNTY | West Carroll | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / Lina | | W | 18 | |
| / Cleo | | D | 6 1/2 | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|---------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| 720 | James | 78 | 16 |
| COLOR | AGE | BIRTHPLACE | |
| Wm | 38 | | |
| COUNTY | Pointe Coupee | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ida | W | 32 | |
| Paul | D | 10 | |
| Adams | S | 7 | |
| | | | |
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| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 65 | BIRTHPLACE | James |
| COUNTY | | Catahoula | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lunatha m. | | W | 55 | | |
| Manson L | | S | 20 | | |
| Julie | | S | 17 | | |
| Thomas | | S | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| C110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| w | 28 | Le Boeuf James | | 102 | 24 |
| COUNTY | | CITY | | | |
| Techebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Octavia | | w | 21 | | |
| Richard | | s | 3 | | |
| Infant | | d | 1 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------|----------------|-----|------------|-------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | W 28 | | | 108 | 18 |
| COUNTY | | Te rebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Loraine | | W | 27 | | |
| Lattie | | D | 6 | | |
| Mabel | | D | 4 | | |
| Wallace | | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| 25 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E. D. | SHEET |
| | 33 | Caldwell | | 38 | 19 |
| COUNTY | | CITY | | | |
| | | Lake Charles City | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Martha A. | | w | 26 | | |
| James H. | | 1 | 1 | | |
| Lida W. | | 1 | 2 | | |
| Francis S. | | 1 | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|-----------------|--------------|-----------|------------|
| 2-20 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lopez, James I. | | 120 | 12 |
| COLOR | AGE | BIRTHPLACE | | |
| mu | 47 | | | |
| COUNTY | | CITY | | |
| Webster | | Minden | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| living alone | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|----|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 12 | AGE | 36 | BIRTHPLACE | 56 |
| COUNTY | | TOWNSHIP | | CITY | |
| | | TOWNSHIP | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Mabel | U | 18 | | |
| | Ernestine | D | 2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| W | 42 | Louisiana | 104 | 11 | |
| COUNTY | | Terrebonne | | CITY | |
| | | | | Houma | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. J. ... | | W | 42 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L120 | HEAD OF FAMILY |
|------|----------------|

LOUISIANA

| | | | | | |
|-------------------------|---|----------------|------|------------|--------|
| L 125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | France |
| COUNTY | | | CITY | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 5120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Mexico |
| COUNTY | | Ouachita | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Malina | | W | 26 | Mexico | |
| Victoria | | D | 6 | Mexico | |
| Felicit | | S | 4 | | |
| Prin | | D | 1 | Mexico | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|------|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2116 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 33 | E.O. | 142 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET 22 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| West Carroll | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Johnson Sidney | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Woman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | St. Mary |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| E. J. Jones | | 2 | 23 | | |
| B. J. Jones | | 1 | 1 | | |
| M. J. Jones | | 1 | 3 | | |
| L. J. Jones | | 1 | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 20 | BIRTHPLACE | Miss |
| COUNTY | | | CITY | | |
| Concordia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Parkers Levee Camp | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|----------------------------|-----------------------------------|--------------------------|-----------|-------------------|
| 2120 | HEAD OF FAMILY
<i>La. Fass</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>52</i> | BIRTHPLACE
<i>Jae</i> | | E.D.
<i>32</i> |
| SHEET
<i>32</i> | | | | |
| COUNTY
<i>Calcasieu</i> | | | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Lillaman</i> | | <i>W</i> | <i>49</i> | |
| <i>Isabel</i> | | <i>D</i> | <i>20</i> | |
| <i>Herrile</i> | | <i>S</i> | <i>18</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------------|------------|-----------|
| L120 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | Mr | AGE | 37 | BIRTHPLACE | |
| COUNTY | | | Vermillion | CITY | Abbeville |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Everline | W | 36 | | |
| | Robt. | S | 17 | | |
| | Wable | D | 15 | | |
| | Lancelia | D | 12 | | |
| | Annie | D | 9 | | |
| | Joe Jr | S | 2 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2126 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 51 | St. | | 1-1 | 30 |
| COUNTY | | Tangipahoa | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lila | | W | 35 | St. | |
| Kara | | D | 3 | St. | |
| Lucas | | D | 4 | | |
| Joni | | S | 8 | | |
| Ingilisa | | D | 3 | | |
| Marie | | D | 2 | 1-1 | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| 8120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Lapigue, Ave |
| COUNTY | | Tangipahoa | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Annie | | w | 33 | | |
| / Tom | | f | 54 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 5120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Mexico |
| COUNTY | | Ouachita | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Loring Allen | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 1120 | | HEAD OF FAMILY | | LOUISIANA | |
| Lopez Joe | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 74 | Certa | | | |
| COUNTY | | CITY | | | |
| East Baton Rouge | | Baton Rouge | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Kate | | W | 68 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 6123 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 8 | | 43 | | 13 | 17 |
| | | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| Bossier | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Julia M | | W | 33 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|--|----------------|--|------------|--|------------|-------|
| 1125 | | HEAD OF FAMILY | | Lepson Jr. | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | SHEET |
| W | | 28 | | | | 141 | 4 |
| COUNTY | | | | CITY | | | |
| West Baton Rouge | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Celestine | | W | | 54 | | | |
| Luberna | | D | | 8 | | | |
| Hattie | | D | | 7 | | | |
| Toddard | | D | | 5 | | | |
| Viola | | D | | 16
12 | | | |
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FORM 10-634 (4-20-21)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF

Hawthorne Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
BRANCHES EVERYWHERE

Soundex.
QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

2120

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 2 | 39 | Lapuy John | | 56 | 2 |
| COUNTY | | CITY | | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Cecilia | | W | 40 | | |
| Cecil | | S | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 210 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 32 | | 85 | 43 |
| COUNTY | | | CITY | | |
| Pointe Coupee | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Luter | | W | 30 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-----------------------------|----------------------------------|----------------------------|--------------------|
| L110 | HEAD OF FAMILY
<i>LeBeauf</i> | | E.D.
<i>108</i> |
| | | SHEET
<i>7</i> | |
| COLOR
<i>W</i> | AGE
<i>36</i> | BIRTHPLACE
<i>Jahon</i> | |
| COUNTY
<i>Terrebonne</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Eva</i> | <i>W</i> | <i>31</i> | |
| <i>Mary</i> | <i>D</i> | <i>17</i> | |
| <i>John</i> | <i>S</i> | <i>16</i> | |
| <i>Joseph</i> | <i>S</i> | <i>14</i> | |
| <i>Oliver</i> | <i>S</i> | <i>9</i> | |
| <i>Agnes</i> | <i>D</i> | <i>7</i> | |
| <i>Martha</i> | <i>D</i> | <i>5</i> | |

FORM 10-636 (4-20-61)

-1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY CONTINUED

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-4360 14-20-611

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

150024M-DC 15198-5761

LOUISIANA

| | | | |
|-------------------------|--------------|--------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| 6110 | | Lebanon John | |
| COLOR | AGE | BIRTHPLACE | |
| " | 22 | | |
| COUNTY | Calcasieu | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Sylvia | " | 22 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>P 120</i> | NAME OF INDIVIDUAL
<i>Louis John</i> | | E.D.
<i>129</i> | SHEET
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>3 1/2</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Martin</i> | | CITY
<i>Parks</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Brother, John</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&GS-DC 1910-P61

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| 20 | Lapey John | | 107 | 12 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 30 | | | |
| COUNTY | Sabine | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ellie | W | 26 | | |
| Eduard | S | 4 | | |
| George | S | 2 | | |
| John | D | 2 | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--------------|---|------|---|---------|
| L-120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lepock John | | E.D. | | SHEET | |
| COLOR | W | AGE | 17 | BIRTHPLACE | Austria |
| COUNTY | West Carroll | | CITY | | |
| ENUMERATED WITH | | 8 | | | |
| RELATIONSHIP TO ABOVE | | Lepock Marie | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC044-DC 1910-P61

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| L125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| MUL | | 27 1/2 | | 27 | 10 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Hester | | w | 23 | | |
| Marion | | s | 4 | | |
| Randolph | | s | 3 | | |
| Marshall | | s | 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Loves John A | | E.D. | SHEET |
| COLOR | W | AGE | 40 | 19 | 4 |
| | | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | John G. | W | 39 | Ark | |
| | Mary A. | D | | | |
| | Maggie G. | D | | | |
| | John C. | S | | | |
| | Mattie L | D | | | |
| | James L. | D | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------------|--------------|------|------------|
| L120 | HEAD OF FAMILY | | E.D. | SHEET |
| | Livinge John Baptist | | 14 | 3 |
| COLOR | AGE | BIRTHPLACE | | |
| mu | 46 | | | |
| COUNTY | | CITY | | |
| Avoyelles | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Nesomi | | w | 47 | |
| Anabelle | | d | 22 | |
| Marcus | | d | 18 | |
| Leonard | | d | 16 | |
| Mary | | d | 13 | |
| Catherine | | d | 7 | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 410 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Le Boef, John C | | E D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 22 | 57 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Camden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Venot, Joseph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMB-OC 18100-P01

LOUISIANA

| | | | | |
|-------------------------|-----------------|--------------|------|------------|
| 2125 | HEAD OF FAMILY | | E.D. | SHEET |
| | Wasscomb John E | | 98 | 29 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 6 | | | |
| COUNTY | | CITY | | |
| Ouachita | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Wasscomb John E | | H | 34 | |
| Wasscomb R | | S | 7 | |
| Wasscomb James | | S | 5 | |
| Wasscomb Charles | | S | 3 | |
| Wasscomb William | | S | 1 | |
| Wasscomb Charles Jr | | F | 69 | Miss |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2120 | | NAME OF INDIVIDUAL | | ED. <i>W</i> | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Lepine, John J</i> | | | | 38 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>W</i> | <i>19</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Tangipahoa</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>John, Ruffin R</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16108-P61

1125.

L125.

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| NAME | | | E.D. | SHEET |
| Lapayzonne, John M. | | | 27 | 21 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 42 | France | | |
| COUNTY | | CITY | | |
| Jefferson | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | W | | | |
| August | S | | | |
| Clément | S | | | |
| Lee | D | | | |
| Ray | S | | | |
| Gene | D | | | |
| Andrew | S | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

10.6360 4 25 81

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15C0024 DC 15100-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
| Lipscomb, John A. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 69 | Va. | | | |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | C | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | | W | 48 | Ark | |
| Sam S | | S | 18 | | |
| George M | | S | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|------|-------|
| 7120 | | HEAD OF FAMILY | | Louisiana | | E.D. | SHEET |
| COLOR | | AGE | | BIRTHPLACE | | 148 | 16 |
| W | | 67 | | Sen | | | |
| COUNTY | | | | CITY | | | |
| Vernon | | | | Lafayette | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| living alone | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|------------------|
| 1125 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 67 | BIRTHPLACE | E.D. 47 SHEET 17 |
| COUNTY | | East Feliciana | | CITY | |
| ENUMERATED WITH | | | | | |
| Lipscomb, Charles W | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18108-P81

| | | | | | |
|-------------------------|---------------|----------------|-----|------------|-------------|
| H 20 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 74 | BIRTHPLACE | La |
| COUNTY | Pointe Coupee | | | CITY | St. Francis |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|---------------|
| 5120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Joseph Mexico |
| COUNTY | | Jefferson | | CITY | |
| ENUMERATED WITH | | | | | |
| Lapine, William | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
F20 | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1819B-P01

| | |
|------|----------------|
| L116 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Lafourche |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edith | | 4 | 22 | | |
| Joseph | | 9 | 5 | | |
| Lillian | | 3 | | | |
| Joseph | | 0 | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|----|--------------------|----|------------|-------|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 11 | AGE | 72 | BIRTHPLACE | (New) |
| COUNTY | | St. Tammarly | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Wife (Common Law)</i> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|--|------------------|---|--|-------------------|--------------------|
| 1120 | | NAME OF INDIVIDUAL
<i>Lahavas Joseph</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>42</i> | BIRTHPLACE
<i>Austria</i> | | E.D.
<i>64</i> | SHEET
<i>22</i> |
| COUNTY
<i>Livingston</i> | | CITY | | | |
| ENUMERATED WITH
<i>Garrison George</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

P. 20

| | | | |
|-------------------------|--------------|---------------------|---------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| <i>W</i> | <i>60</i> | <i>Lopez Joseph</i> | <i>133/18</i> |
| COUNTY | | CITY | |
| Vermillion | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Uzume</i> | <i>L</i> | <i>58</i> | |
| <i>Paul</i> | <i>D</i> | <i>18</i> | |
| <i>John</i> | <i>D</i> | <i>23</i> | |
| <i>Alte</i> | <i>S</i> | <i>13</i> | |
| <i>Alte</i> | <i>D</i> | <i>12</i> | |
| <i>Alte</i> | <i>S</i> | <i>11</i> | |
| <i>Alte</i> | <i>S</i> | <i>10</i> | |
| <i>Alte</i> | <i>S</i> | <i>9</i> | |
| <i>Alte</i> | <i>S</i> | <i>8</i> | |
| <i>Alte</i> | <i>S</i> | <i>7</i> | |
| <i>Alte</i> | <i>S</i> | <i>6</i> | |
| <i>Alte</i> | <i>S</i> | <i>5</i> | |
| <i>Alte</i> | <i>S</i> | <i>4</i> | |
| <i>Alte</i> | <i>S</i> | <i>3</i> | |
| <i>Alte</i> | <i>S</i> | <i>2</i> | |
| <i>Alte</i> | <i>S</i> | <i>1</i> | |
| <i>Alte</i> | <i>S</i> | <i>0</i> | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|---------------|
| * 120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | Lebas, Joseph |
| | | E.O. | 117 | SHEET 1 | |
| COUNTY | | | | | |
| St. Landry | | | CITY | | |
| Ville Platte | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Addi | | W | 46 | | |
| Ruth | | D | 20 | | |
| Lucille | | K | 24 | | |
| Boas | | S | 22 | | |
| Maise | | S | 20 | | |
| Eris | | K | 16 | | |
| Chester | | S | 12 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

NAME _____

RELATION-
SHIP

AGE

BIRTHPLACE

Henrietta
Clemence
Harvey
Evelyn

10

10

8

5-

 $\frac{1}{12}$

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SECRET 15100-001

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 40 | | 114 | 21 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louisa | | W | 27 | | |
| Aureilla | | D | 8 | | |
| Anegia | | D | 1 | | |
| Millie | | S | 14 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L-125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. SHEET |
| B | | 40 | | | 100 24 |
| COUNTY | | | St. Landry | | CITY |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 40 | | |
| Stella | | D | 15 | | |
| Wilfred | | S | 13 | | |
| Laurent | | S | 7 | | |
| Adam | | S | 5 | | |
| Joseph | | S | 8/12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-------|------------|--|
| L125 | | HEAD OF FAMILY | | LOUISIANA | |
| Lohaffhausen, Joseph | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 48 | Germany | | | |
| COUNTY | Lafayette | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Argues | | W | 29 | | |
| Mary | | W | 4 | | |
| Ligge | | W | 3 | | |
| Josephine | | W | 1 1/2 | | |
| Chaffons, Arnold | | Bk | 24 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L110

| | | | | | |
|--|-----|--------------------|--|-----------|--|
| L110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Beauf Joseph | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 7 5 | |
| MW | 8 | | | | |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| ENUMERATED WITH | | | | | |
| Scott Jule | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| LOUISIANA | | | |
|-------------------------|----------------|-----|-------------|
| E.O. | SHEET | | |
| L120 | HEAD OF FAMILY | | |
| COLOR | AGE | | |
| 2 | 59 | | |
| BIRTHPLACE | | | |
| Aust Herman | | | |
| COUNTY | CITY | | |
| St. Martin | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary | w | 43 | Aust Herman |
| Lawrence | S | 22 | |
| Mary | D | 17 | |
| Tom | S | 2 | |
| Harvey May | D | 14 | |
| Paula | D | 2 | |
| Malvina | D | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION
SHIP | AGE | BIRTHPLACE |
|----------|------------------|-----|------------|
| Julius | S | 16 | |
| Abel | S | 7 | |
| David | S | 5 | |
| Edward | S | 2 | |
| Florence | S | 13 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 15100-101

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------------|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| L110 Le Boef, Joseph | | 57 | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cameron | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gundry, Telecinan | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><u>Son</u></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>Son</u> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>Son</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 14-20-611

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMM-DC 15198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 1110 | | NAME OF INDIVIDUAL
<i>Le Bœuf Joe</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>44</i> | BIRTHPLACE | | E.D. <i>6</i> SHEET <i>13</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Ascension</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Bœuf Emile</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Le</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Le</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Le</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------------|------------|--|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBeaud Joseph | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 108 5 | |
| W | 53 | | | | |
| COUNTY | | | Teterebonne | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 54 | | |
| Maximus | | S | 18 | | |
| Lena | | D | 16 | | |
| Fidel | | S | 12 | | |
| Josephine | | D | 9 | | |
| Maxus | | S | 21 | | |
| Lucile | | DL | 15 | | |

FORM 10-636 (4-20-67)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|----|
| 8110 | | HEAD OF FAMILY | | LOUISIANA | |
| Leban Joseph | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 133 | 35 |
| W | 40 | | | | |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Adeline | W | 38 | | | |
| Marie | D | 8 | | | |
| Clotilde | S | 7 | | | |
| Emile | D | 4 | | | |
| Charles | S | 1 | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|----------------|------|------------|--|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| Lopez Joseph | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 37 | | | | |
| COUNTY | | | CITY | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Felicia | W | 36 | | |
| | Elmer | D | 14 | | |
| | Lilia | D | 12 | | |
| | Wesleyville | S | 10 | | |
| | Edgar | S | 7 | | |
| | Theresa | D | 5 | | |
| | Nolia | D | 4 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 18108-P01

| | | | | | | | |
|-------------------------|---|----------------|----|-----------------|----------|------------|--|
| 5120 | | HEAD OF FAMILY | | Le Bonny Joseph | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | E.D. 142 | | |
| COUNTY 2 | | | | Vermillion | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Emilia | | | | W | 28 | | |
| Robert Archie | | | | C | 25 | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| 5123 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | Le Biste Joseph |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Monica | | W | 57 | | |
| J. Boarder | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|--------------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| mul | 42 | Larignette, Joseph | 56 15 |
| COUNTY | | CITY | |
| Plaquemines | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Rebecca | sr | 40 | |
| John | s | 17 | |
| Denise | d | 15 | |
| Mary | d | 13 | |
| Estelle | d | 11 | |
| Lawrence | s | 9 | |
| Larry | d | 6 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6346 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

| | | | | | |
|-----------------------|---|---|----|------------|--------|
| 7123 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 80 | BIRTHPLACE | France |
| COUNTY | | Plaquemines | | CITY | |
| ENUMERATED WITH | | Louisignette Charles | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1810B-P01

| | | | | | |
|--|------------------|---|--|--|-------------------|
| L/20 | | NAME OF INDIVIDUAL
<i>Labousie Joseph</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>30</i> | BIRTHPLACE | | E.D.
<i>82</i> | SHEET
<i>5</i> |
| COUNTY
<i>St. John the Baptist</i> | | CITY | | | |
| ENUMERATED WITH
<i>Labousie Valmont</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Li</i> | |

FORM 10-437 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|------------------|-----------|---------------|----------|
| <i>5120</i> | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| <i>W</i> | <i>MR</i> | <i>Canada</i> | | <i>138</i> | <i>5</i> |
| COUNTY | | West Baton Rouge | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Rhodrigue Thomas</i> | | <i>S L</i> | <i>20</i> | <i>Tenn</i> | |
| <i>Francis</i> | | <i>S</i> | <i>34</i> | <i>Canada</i> | |
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FORM 10-634 (4-20-07)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|------|
| 2100 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 25 | BIRTHPLACE | LA 9 |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>Conservator</u> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|---|-----|---|--|--|-------|
| L110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 3 | St. James | | 71 | 7 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | | | | |
| Allen, Leontine | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|---------------|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 41 | BIRTHPLACE | Laurens place |
| COUNTY | | Tangipahoa | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Hilda | | W | 28 | | |
| Linda | | D | 11 | | |
| Eddie | | S | 5 | | |
| Ben | | S | 5 | | |
| Charles | | S | 8/12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|------|--|----------------|--|-----------|--|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
|------|--|----------------|--|-----------|--|

| | | | | | |
|-------------------------|---|----------------|----------------------|------------|---------|
| L 110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | E | AGE | Le. Oeuf. Sules | | E.O. 78 |
| | | 50 | | | SHEET 9 |
| COUNTY | | | St. John the Baptist | | CITY |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Libertine | | U | 50 | | |
| Pauline | | A | 26 | | |
| Caroline | | A | 17 | | |
| Joseph | | A | 14 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|----------|------------|----|
| H 10 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 25 | E.D. | 85 |
| | | BIRTHPLACE | St. Mary | | |
| COUNTY | St. Mary | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Pione | | Pa | 18 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|--------------------|--|-----------|
| NAME OF INDIVIDUAL | | LOUISIANA |
|--------------------|--|-----------|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L116
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>LeBiff Jules</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE
21 | | BIRTHPLACE
<i>Calcasieu</i> | | E.D.
39 | SHEET
29 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Meberow K</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|-------------------------|----|----------------|-----|------------|----------------------|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | MA | AGE | 68 | BIRTHPLACE | St. John the Baptist |
| | | | | E.D. | 81 |
| | | | | SHEET | 21 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Edward | | S | 27 | | |
| Bernard, Albertine | | BD | 18 | | |
| 1 Julianne | | BD | 16 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX & FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----------------|------------|-------|
| L172 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mu | 28 | | | 110 | 2 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 28 | | |
| Beatrice | | D | 6 | | |
| Craslie | | S | 5 | | |
| Morris | | S | 3 | | |
| Alton | | S | 1 $\frac{2}{3}$ | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|----------------|-----------|
| L101 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| 2121 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 45 | Lebacuz, Justine | | 50 | 9 |
| COUNTY | | Merville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ligia | | W | 45 | | |
| Ignia | | D | 27 | | |
| Jahmar | | S | 20 | | |
| Eunice | | D | 17 | | |
| Lina | | D | 14 | | |
| Addeline | | C | 12 | | |
| Edward | | S | 10 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|---------------|--|-----------|----|
| L 126 | | HEAD OF FAMILY | | Levasseur L C | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | | E.D. | 27 |
| | | | | | | SHEET 35 | |
| COUNTY | | | | Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Rata J. | | W | 32 | | | | |
| Mary H. | | D | 4 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|-----------|-----|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 10 | E.D. | 133 |
| | | BIRTHPLACE | | SHEET | 35 |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16186-P01

| | | | | | |
|--|---|--|------|--|-----|
| 2125 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 32 | E.O. | 141 |
| | | BIRTHPLACE | Ala | SHEET | 5 |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| ENUMERATED WITH | | | | | |
| Green Promise | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 8120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 21 | St. Martin | | 125 | 8 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | | | | |
| Romero Felix | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| X-20 | | NAME OF INDIVIDUAL
<i>Liver Leana</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>10</i>
<i>12</i> | BIRTHPLACE | | E.D.
<i>102</i> | SHEET
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teirebonne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Sante Tom</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L/20 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Mo |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rudha | | W | 28 | Mo | |
| Lillian | | D | 7 | La | |
| Jewel | | D | 2 | / | |
| Claude | | S | 2 | / | |
| Opal | | D | 1/2 | / | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 572 | | HEAD OF FAMILY | | LOUISIANA | |
| Livas Lee | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 27 | | | | |
| COUNTY | | | CITY | | |
| Te rebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Rosa | | w | 17 | | |
| Barrow Martha | | S.L | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| C110 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Bonaf, Lea | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 27 | | | | |
| COUNTY | | Icirebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lea | | W | 26 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|--|
| 6120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis, Leo | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 18 | | | | |
| COUNTY | | CITY | | | |
| St. Mary | | Berwick | | | |
| ENUMERATED WITH | | | | | |
| Daisy, Clara | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLY | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WORKER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| L 120 | | NAME OF INDIVIDUAL
<i>Lafayette Leon</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>10</i> | BIRTHPLACE | | E.O.
<i>40</i> | SHEET
<i>27</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafourche</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Rein Francis</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Orphan</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18196-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|---------------|------------|------------|
| E.D. | SHEET | | |
| L 120 | Lopez Leopold | 125 | 6 |
| COLOR | AGE | BIRTHPLACE | |
| W | 41 | | |
| COUNTY | St. Martin | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Marc | W | 33 | |
| Marta | D | 5 | |
| Clotilde | D | 2 | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|--|-----|
| 4114 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Bonet, Lesim | | E.D. | | SHEET | |
| COLOR | W | AGE | 21 | BIRTHPLACE | 566 |
| COUNTY | | | CITY | | |
| Camden | | | | | |
| ENUMERATED WITH | | | | | |
| Dupuy, Martial | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input checked="" type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| w | | 27 | | 50 | 5 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Lina | | w | 21 | | |
| Lina | | 2 | 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|-----------------------------------|-----------|------------|
| LOUISIANA | | | |
| L120 | HEAD OF FAMILY <i>Lipsy Lil E</i> | | |
| E.D. 38 | SHEET 9 | | |
| COLOR <i>W</i> | AGE 23 | | |
| BIRTHPLACE | | | |
| COUNTY <i>Concordia</i> | CITY <i>Concordia</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 <i>Jennie</i> | <i>W</i> | <i>17</i> | |
| <i>Julia</i> | <i>D</i> | <i>1</i> | |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| K125 | NAME OF INDIVIDUAL
<i>Lipscomb Lygie</i> | | E.D.
27 | SHEET
8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>mw</i> | AGE
65 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Baton Rouge</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lipscomb Willie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

| | | | |
|--|---|---|---------------------------------|
| | | LOUISIANA | |
| R110 | NAME OF INDIVIDUAL <i>Le Bonet Lloyd</i> | | E.D. <i>102</i> SHEET <i>26</i> |
| COLOR <i>W</i> | AGE <i>1/2</i> | BIRTHPLACE | |
| COUNTY <i>Vermillion</i> | | CITY | |
| ENUMERATED WITH <i>Le Bonet Emilio</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>GCI</i> | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | | | | |
|--|-----|--------------------|--|-----------|----|
| 2120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lopez Lodu | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 35 | 20 |
| W | 35 | | | | |
| COUNTY | | CITY | | | |
| | | Bogalusa | | | |
| ENUMERATED WITH | | | | | |
| Lopez Manuel T | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>S</u> | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|---|
| 120 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | 6 | AGE | 26 | BIRTHPLACE | 7 |
| COUNTY | | Rapides | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bouette | | W | 21 | | |
| Bouette | | D | 6 | | |
| Adams | | D | 3 | | |
| Douglas | | S | 5 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|--------------|
| 212 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 41 | AGE | 30 | BIRTHPLACE | Ropey, Bonar |
| COUNTY | | Calcasteu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cora | | W | 27 | | |
| Aurelia | | S | 10 | | |
| Lilia | | D | 4 | | |
| Dora | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2125 | | NAME OF INDIVIDUAL
<i>Lipscomb Louisa M</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>64</i> | BIRTHPLACE | | E.D.
<i>46</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Feliciana</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lipscomb Henry C</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16198-P61

| | | | | | |
|-------------------------|----|----------------|-----|------------|-----------|
| 7120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 94 | AGE | 20 | BIRTHPLACE | Louisiana |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amor | | 5 | 19 | | |
| Oralia | | 5 | 17 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|-------------------|
| L/20 | | NAME OF INDIVIDUAL
<i>Labosse Louise</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>20</i> | BIRTHPLACE | | E.D.
<i>10</i> | SHEET
<i>4</i> |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | | |
| ENUMERATED WITH
<i>Lockey Harvey D</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16195-P61

15195-P61

| | | | | | |
|--|---|--------------------|---|------------|-------------------|
| 7120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 8 | BIRTHPLACE | E.D. 165 SHEET 12 |
| COUNTY | | Terrebonne | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>S.D.</u> </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

512

| |
|----------------|
| HEAD OF FAMILY |
|----------------|

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 5120 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| White | 66 | Louisiana | 104 | 41 |
| COUNTY | | CITY | | |
| Terrebonne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Smith John | 12 | 42 | | |
| Pickens | 12 | 13 | | |
| Estelle Herby | 12 | 2 | | |
| | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|--|--|-------------------|--------------------|
| L 121 | | NAME OF INDIVIDUAL
<i>Lef Kovit Louie</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE
<i>Hungary</i> | | E.O.
<i>26</i> | SHEET
<i>15</i> |
| COUNTY
<i>Avoyelles</i> CITY
<i>Bunkie</i> | | | | | |
| ENUMERATED WITH
<i>Wife Joseph M.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="border-bottom: 1px solid black; padding-left: 20px;"><i>Cousin</i></div> </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

L110

6110

| | | | |
|---|-----------------|------------|--------------------------------|
| NAME OF INDIVIDUAL
<i>Le Bœuf, Louis</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>1</i> | BIRTHPLACE | E.D. <i>110</i> SHEET <i>5</i> |
| COUNTY
<i>Terrebonne</i> | | CITY | |
| ENUMERATED WITH
<i>Delotte, Camille</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>ad 5</i> | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------------|-----|------------|-------|
| 5120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 57 | Lapeze, Louis | | 28 | 4 |
| COUNTY | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eveline | | W | 55 | | |
| Josephine W. | | S | 19 | | |
| Christina | | D | 17 | | |
| Lina T. | | D | 16 | | |
| Lillian S. | | S | 13 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Man | 30 | | | 14 | 3 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Carmelia | | W | 24 | | |
| Dietrich | | L | 9 | | |
| Cecile | | L | 6 | | |
| Theresa | | L | 4 | | |
| Ransley | | S | 1 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------|--|----------------|--|-----------|--|
| L 124 | | HEAD OF FAMILY | | LOUISIANA | |
|-------|--|----------------|--|-----------|--|

| | | | | | |
|-------------------------------|--|--|-----------|---|--|
| <i>5125</i>
COLOR <i>B</i> | | HEAD OF FAMILY
<i>Lavigne Louis</i> | | LOUISIANA
E.D. <i>52</i> SHEET <i>18</i> | |
| AGE <i>42</i> | | BIRTHPLACE | | | |
| COUNTY | | <i>Iberville</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Julia</i> | | <i>W</i> | <i>33</i> | | |
| <i>Myrtle</i> | | <i>D</i> | <i>18</i> | | |
| <i>1 Son</i> | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----|--|-----|
| L116 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | 111 |
| | | | | SHEET 13 | |
| COUNTY | | Tangipahoa | | CITY | |
| ENUMERATED WITH | | | | Anite | |
| RELATIONSHIP TO ABOVE | | | | Rosa, Robert R | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P61

LOUISIANA

| | | | | | |
|--|------------------|--|--|--|-------------------|
| L116 | | NAME OF INDIVIDUAL
<i>LeBoeuf Lucien</i> | | E.O.
<i>108</i> | SHEET
<i>5</i> |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | | |
| ENUMERATED WITH
<i>LeBoeuf Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16196-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|-----|
| 4126 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | E.D. | 102 |
| | | BIRTHPLACE | | SHEET | 9 |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 41 | | |
| Annie | | D | 17 | | |
| Loudon | | S | 14 | | |
| Marion | | S | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 4126 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| w | 20 | | | 83 | 2 |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 70 | BIRTHPLACE | LeBuffe Sumbar |
| COUNTY | | Acadia / | | CITY | Morse Village |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Virginia | | W | 70 | | |
| Lillian | | D | 29 | | |
| Henry | | syndac | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------|---|-----------------|
| <i>2120</i>
COLOR <i>24</i> | | NAME OF INDIVIDUAL
<i>Lopez, Lydia</i> | | LOUISIANA | |
| AGE <i>17</i> | | BIRTHPLACE | | E.D. <i>15</i> | SHEET <i>22</i> |
| COUNTY
<i>Iberia</i> | | | CITY | | |
| ENUMERATED WITH
<i>Romero, Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|--|---|---|----------|--|-----|
| 2120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 13 | E.D. | 112 |
| | | BIRTHPLACE | Mexico | SHEET | 8 |
| COUNTY | | | Quachita | CITY | |
| ENUMERATED WITH | | | | | |
| Lopez, Christa | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 34 | Le Brouf, Mich | | 110 | 8 |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Odeline | | W | 35 | | |
| Wanda | | A | 15 | | |
| Cecile | | A | 10 | | |
| Louise | | S | 8 | | |
| Lisabet | | A | 5 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
| Larson Mack | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 5 | 29 | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Agnes | | W | 28 | | |
| Evelyn | | S | 5 | | |
| Lydia | | D | 3 | | |
| Sydney | | S | 8/12 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|-------------------|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | E.D. 102 SHEET 13 |
| COUNTY | | St. Landry | | CITY Opelousas | |
| ENUMERATED WITH | | | | | |
| Estorge Henry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input checked="" type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

| | | | | |
|-------------------------|----------------|------------------------|-----------|-------------|
| L120 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
65 | NAME
Lopez Manuel T | | SHEET
20 |
| COUNTY | | CITY | | |
| | | Bogalusa | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Maria | | W | 60 | |
| Rita | | D | 23 | |
| Corneaux Amanda | | Si | 43 | |
| Lopez Lodie | | Si | 35 | |
| | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L-120 | HEAD OF FAMILY |
|-------|----------------|

LOUISIANA

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| 2-120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | Leboak, Marco |
| COUNTY | | West Carroll | | E.D. | 185 |
| | | CITY | | SHEET | 9 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. S. Bo. | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|-------------------|
| 2110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 15 | BIRTHPLACE | Le Bonet, Margret |
| COUNTY | | CAMERON | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center; font-size: 2em;">D</div> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC0104-DC 18104-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 2721 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 35 | BIRTHPLACE | Martha |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | D | 16 | | |
| Rogers | | D | 12 | | |
| Dorothy | | D | 10 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-------------------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 57 | BIRTHPLACE | Lebonaf, Maralous |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Oralia | W | 55 | | |
| | Shilky | S | 18 | | |
| | Mary | D | 21 | | |
| | Nicholas | S | 15 | | |
| | Emilia | S | 17 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|--------------------|
| L 110 | | NAME OF INDIVIDUAL
<i>La Baffe, Mary</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>51</i> | BIRTHPLACE
<i>Miss</i> | | E.D.
<i>132</i> | SHEET
<i>12</i> |
| COUNTY
<i>Washington</i> | | CITY
<i>Bogalusa</i> | | | |
| ENUMERATED WITH
<i>Spooner, Allen D</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>app W of PA</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>W</i> | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18195-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L110 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 69 | | | 103 | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jeterbonne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beynet, Odessa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| | | | | | |
|--|---|--|----|--|------|
| L110 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | Mary |
| COUNTY | | Terrebonne | | CITY | |
| ENUMERATED WITH | | | | | |
| Le Boul Cyprien | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|--|-----|--------------------|------|-----------|--|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E D. | SHEET | |
| 4 | 54 | La Vague Mary | 50 | 3 | |
| COUNTY | | CITY | | | |
| Calcasieu | | Indian | | | |
| ENUMERATED WITH | | | | | |
| Christopher Lona | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Sister | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| L125 | | NAME OF INDIVIDUAL
<i>Lippin Mary</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>M4.</i> | AGE
<i>40</i> | BIRTHPLACE | | E.D.
<i>46</i> | SHEET
<i>10</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Fl.</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>White Julia</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>40.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>40.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>40.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 25 | Lavigere, Mary | | 114 | 28 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lee | | S | 6 | | |
| Laine | | D | 4 | | |
| Mary | | D | 2 | | |
| | | | | | |
| | | | | | |
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FORM 70-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|----------|------------|----------|
| L116 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 44 | BIRTHPLACE | E.D. 111 |
| COUNTY | | | SHEET 13 | | |
| CITY | | | Amite | | |
| ENUMERATED WITH | | | | | |
| Tangipahoa | | | | | |
| Qua, Robert P | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|---|----------------|----------------------|--------------|---------|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 63 | BIRTHPLACE | |
| | | | Leveque, Mrs. Mary J | | |
| | | | E.O. | 37 | SHEET 2 |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugene | | S | 39 | | |
| Louise | | D | 37 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 1123 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|------|------------|-----------------|
| L123 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 40 | BIRTHPLACE | Leviston Mary P |
| E.D. | | 24 | | SHEET | |
| 12 | | | | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Harris Malinda | | D | 19 | | |
| Leviston Amittie | | D | 17 | | |
| 1 Ida | | D | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----------------|---|----|
| 125 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 20 | BIRTHPLACE | 30 |
| COUNTY | | | CITY | | |
| EMIGRATED WITH | | | Calcasieu | | |
| RELATIONSHIP TO ABOVE | | | Larigue, Louis | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
51 | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|--|---|--------------------|---|------------|-------|
| L125 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 6 | BIRTHPLACE | |
| COUNTY | | CITY | | E.D. | SHEET |
| | | Clinton | | 45 | 2 |
| ENUMERATED WITH | | | | | |
| Green, Nathan | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S.D. | | | | | |

FORM 18-637 (4-28-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

| | | | | | |
|-----------------------|---|--|---|----------------------|------------------|
| 8120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 5 | BIRTHPLACE | E.O. 126 SHEET 4 |
| COUNTY | | St. Martin | | CITY St. Martinville | |
| ENUMERATED WITH | | Rochan Persille | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 Ad Cl </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | |
|------|----------------|-----------|
| 4110 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

| | | | | | |
|-------------------------|------------|----------------|-------|------------|-----------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | St. James |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Wife | W | 42 | | |
| | May | D | 2 | | |
| | William Jr | S | 1 1/2 | | |
| | Emma | Si | 66 | | |
| | | | | | |
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FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|---------------------------------------|---------------------------|------------------|-------------------|
| L120 | HEAD OF FAMILY
<i>Lafosse Mayo</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>27</i> | BIRTHPLACE | E.D.
<i>7</i> | SHEET
<i>4</i> |
| COUNTY
<i>Acadia</i> | | CITY
<i>Estherwood</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Duford</i> | | <i>w</i> | <i>15</i> | |
| <i>Trojan</i> | | <i>g f</i> | <i>58</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | 49 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Agnes | | W | 19 | | |
| 41 boarders | | | | | |
| | | | | | |
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FORM 16-636 (4-20-51)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|------------------------------|--|----------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| D. 20
COLOR B | | NAME OF INDIVIDUAL
Lovik Melton | | LOUISIANA
E.D. 133 | | SHEET 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE 7. A | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | Winn | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Zuener Bob | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18188-P61

| | | | | |
|-------------------------|----------------|--------------------|-----------|------------|
| L120 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
30 | NAME
Felix Mina | | E.O.
3 |
| COUNTY | | SHEET
16 | | |
| Ascension | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Lucas | | w | 28 | |
| Emma | | d | 4 | |
| Thomas | | s | 2 | |
| Herbert | | s | 1 1/2 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 840 | | NAME OF INDIVIDUAL
<i>Leboeuf Minnieuel</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>8</i> | BIRTHPLACE | | E.D.
<i>79</i> | SHEET
<i>5</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Pointe Coupee</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Bugnot Helen M</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| 5116 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 25 | Narcisse | | 108 | 4 |
| COUNTY | | Terrebonne CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Ollie | | W | 19 | | |
| Caliste | | S | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------------|-------------------|-----|------------|-------|
| L-125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 13 | 55 | Lavigne Narcissus | | 100 | 17 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Eulalie | W | 49 | | |
| | Auguste Bernadette | D | 6 | | |
| | Lavigne Celine | D | 16 | | |
| 1 | Jones | D | 18 | | |
| | Andrian Aspasie | a child | 7 | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|---|--|--------------|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 6 | BIRTHPLACE | Lopez Market |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| Rene Wilkins | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

L110

2110

2140

| | | | |
|---|-----|---------------|------------|
| NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 6 | Le Bayou Nina | 109 17 |
| COUNTY | | CITY | |
| Terrebonne | | | |
| ENUMERATED WITH | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 SD </div> </div> | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910S-P01

| | | | | | |
|---|----------------------|---|-----------------------|---|--|
| <p>8120</p> | | <p>NAME OF INDIVIDUAL</p> <p>Lopez Honora</p> | | <p>LOUISIANA</p> | |
| <p>COLOR</p> <p>N</p> | <p>AGE</p> <p>21</p> | <p>BIRTHPLACE</p> | <p>ED.</p> <p>133</p> | <p>SHEET</p> <p>38</p> | |
| <p>COUNTY</p> <p>Vermillion</p> | | | <p>CITY</p> | | |
| <p>ENUMERATED WITH</p> <p>Boudreaux Jules</p> | | | | | |
| <p>RELATIONSHIP TO ABOVE</p> | | | | | |
| <p><input type="checkbox"/> FATHER</p> <p><input type="checkbox"/> MOTHER</p> <p><input type="checkbox"/> GRANDFATHER</p> <p><input type="checkbox"/> GRANDMOTHER</p> <p><input type="checkbox"/> GRANDSON</p> <p><input type="checkbox"/> GRANDDAUGHTER</p> <p><input type="checkbox"/> AUNT</p> <p><input type="checkbox"/> UNCLE</p> | | <p><input type="checkbox"/> NEPHEW</p> <p><input type="checkbox"/> NIECE</p> <p><input type="checkbox"/> FATHER-IN-LAW</p> <p><input type="checkbox"/> MOTHER-IN-LAW</p> <p><input checked="" type="checkbox"/> SON-IN-LAW</p> <p><input type="checkbox"/> DAUGHTER-IN-LAW</p> <p><input type="checkbox"/> BROTHER-IN-LAW</p> <p><input type="checkbox"/> SISTER-IN-LAW</p> | | <p><input type="checkbox"/> INMATE</p> <p><input type="checkbox"/> NURSE</p> <p><input type="checkbox"/> PATIENT</p> <p><input type="checkbox"/> ROOMER</p> <p><input type="checkbox"/> SERVANT</p> <p><input type="checkbox"/> OTHER (Specify)</p> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 7/26 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 36 | Ark | | 144 | 22 |
| COUNTY | | CITY | | | |
| Vernon | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pearl | | W | 21 | Ark | |
| + 26 bro | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>L120</i> | NAME OF INDIVIDUAL
<i>Leviage Rosa</i> | | E.D.
<i>14</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>6</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Att.</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Leviage Filagrande</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15105-P61

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1 120 | NAME OF INDIVIDUAL
<i>La Louis Mars</i> | | E D. 2 SHEET 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
13 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>La Louis Terrill</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1819B-P61

LOUISIANA

| | | | | | |
|--|------------------|---|----------------------------|---|-------------------|
| L 120 | | NAME OF INDIVIDUAL
<i>Lepiz Norman</i> | | E.D.
<i>15</i> | SHEET
<i>2</i> |
| COLOR
<i>East Baton Rouge</i> | AGE
<i>23</i> | BIRTHPLACE | | | |
| COUNTY | | | CITY
<i>Baton Rouge</i> | | |
| ENUMERATED WITH
<i>Wife Lelia P</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 6 | 23 | | 12 | 22 |
| COUNTY | Iberia | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edna | w | 24 | | |
| Effie | d | 2 1/2 | | |
| Lina | s | 7 1/2 | | |
| | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|-----|----------------|-----------|------------|
| L 120 | | HEAD OF FAMILY | | E.D. |
| | | Laniqua Rhey | | 52 |
| COLOR | AGE | BIRTHPLACE | | |
| Mr | 39 | | | |
| COUNTY | | Iberville | | CITY |
| | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Sophrona L | | W | 29 | |
| | | | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|-----|----------------|--|-------------------|-------|------------|--|
| L125 | | HEAD OF FAMILY | | Levasseur, Octave | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | |
| Wm | 59 | | | 103 | 7 | | |
| COUNTY | | St. Tammany | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Elmina | | W | | 58 | | | |
| Leon | | S | | 28 | | | |
| Joseph | | S | | 24 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| L 110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | Ostania |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leocade | | W | 44 | | |
| Alfa | | S | 12 | | |
| Theophine | | D | 10 | | |
| Vernance | | S | 9 | | |
| Lula | | D | 8 | | |
| Newson | | S | 5 | | |
| Mary E. | | D | 2 | | |

FORM 10-836 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636a 14 20 61

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15106-1061

| | | | | | |
|-------------------------|-----|--------------------|-----|------------|-------|
| L/25 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mr | 39 | Ferguson, Virginia | | 114 | 26 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Selia | | W | 33 | | |
| Virginia | | D | 16 | | |
| Owile | | S | 14 | | |
| Harvey | | S | 11 | | |
| Lurley | | S | 9 | | |
| Mary | | D | 6 | | |
| Alton | | S | 4 | | |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | CARD 2 OF 2 |
|-------------------------|--------------|----------|-------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Elishbeth</i> | <i>wf</i> | <i>3</i> | |
| <i>Marteline</i> | <i>df</i> | <i>1</i> | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX

FORM 10-634 (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

| | | | | | |
|--|-----|---|--|---|-------|
| L116 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| H | 53 | Le Fever, Ophelia | | 14 | 2 |
| COUNTY | | CITY | | | |
| East Baton Rouge | | Baton Rouge | | | |
| ENUMERATED WITH | | Baton Rouge | | | |
| RELATIONSHIP TO ABOVE | | Buddy Fannie L. | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Li | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 40 | | | 103 | 19 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alida | | W | 35 | | |
| Julia | | S | 13 | | |
| Laurie | | D | 5 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L123

4123

| | | | |
|-------------------------|--------------|-----------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| Leboeuf, Oscar | | E.D. | SHEET |
| COLOR | BIRTHPLACE | 19 | 12 |
| u | | | |
| COUNTY | | CITY | |
| Avoyelles | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ordelie | u | 24 | |
| Sebastian | S | 6 | |
| Charova | S | 4 | |
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FORM 10-436 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| 7/14 | 25 | St. James | | 68 | 10 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | W | 25 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|----------------|--|-----------|----|
| 5118 | | HEAD OF FAMILY | | La. Shure Acar | | LOUISIANA | |
| COLOR | W | AGE | 49 | BIRTHPLACE | | E.O. | 28 |
| | | | | | | SHEET | 16 |
| COUNTY | | | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Fanny | | W | 39 | | | | |
| Rosa | | D | 22 | | | | |
| Rubia | | D | 19 | | | | |
| Edward | | S | 14 | | | | |
| Clarence | | S | 11 | | | | |
| Nettie | | D | 7 | | | | |
| Vince | | S | 2 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--------------------|--|--|
| <i>L120</i> | | NAME OF INDIVIDUAL
<i>Larigue, Oscar</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>17</i> | BIRTHPLACE | E.D.
<i>107</i> | SHEET
<i>8</i> | |
| COUNTY
<i>Terrebonne</i> | | | CITY | | |
| ENUMERATED WITH
<i>Breant, Bazil</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P61

| | | | | | |
|-------------------------|---|------------------|-----|------------|-------------|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 56 | BIRTHPLACE | Oscar |
| COUNTY | | East Baton Rouge | | CITY | Baton Rouge |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Addeli | | W | 46 | | |
| Lena | | D | 23 | | |
| Louisa | | D | 21 | | |
| Joseph | | S | 19 | | |
| Mamie | | D | 16 | | |
| Bena | | D | 13 | | |
| Dawey | | S | 11 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|----------------|--|-----------|--|
| HEAD OF FAMILY | | LOUISIANA | |
|----------------|--|-----------|--|

| | | | | | |
|-------------------------|---|----------------|------|------------|-----------|
| L 110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | Iberville |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | w | 83 | | |
| Gordon | | d | 2 | | |
| Anna June | | da | 14 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 4125 | | HEAD OF FAMILY | | LOUISIANA | |
| PERSON | | BIRTHPLACE | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 55 | 4 |
| B | 50 | Flaquemines | | | |
| COUNTY | | CITY | | | |
| Flaquemines | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Josephine | | W | 52 | | |
| Rivera, Harry | | SS | 16 | | |
| 1 James | | SS | 14 | | |
| 1 Sarah | | SD | 12 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Man | 27 | Lafayette, La | | 114 | 5 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lafayette, Mary | | S | 30 | | |
| Armeda | | Hi | 7 | | |
| Armeda | | Hi | 5 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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| 4110 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 58 | Lebens, Orville | | 40 | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafourche | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lebens, Alexie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18180-P61

| | | | | | |
|-------------------------|-----|----------------------|-----|------------|-------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| | | | | 52 | 5 |
| COUNTY | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | H | | | |
| Mary | | W | 21 | | |
| E. J. | | S | 2 | | |
| John | | S | | | |
| Mary | | W | | | |
| John | | S | | | |
| Mary | | W | | | |
| John | | S | | | |
| Mary | | W | | | |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L116 | HEAD OF FAMILY |
|------|----------------|

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| L116 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 38 | | 142 | 2 |
| COUNTY | | CITY | | |
| West Carroll | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Nancy | W | 32 | | |
| George | S | 8 | | |
| Lynwood | S | 6 | | |
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FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|---|------------|-------------|
| 2126 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 3 | BIRTHPLACE | Lopez, Pail |
| COUNTY | | CITY | | E.D. | 15 |
| ENUMERATED WITH | | Iberia | | SHEET | 3 |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 33%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 33%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC0164-DC 1910-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 6 | 60 | | | 7 | 11 |
| COUNTY | | CITY | | | |
| Acadia | | Mermentau | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Not Reported | | w | 35 | | |
| Silvina | | d | 15 | | |
| Dussier | | s | 13 | | |
| Walter | | s | 6 | | |
| | | | | | |
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FORM 10-436 (6-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-------|
| F110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 41 | BIRTHPLACE | Pauch |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Celeste | W | 39 | | | |
| Amalia | D | 14 | | | |
| Fucille | D | 9 | | | |
| Fannie | D | 7 | | | |
| Clair | D | 4 | | | |
| Fannie | S | 1/2 | | | |
| Josephine Estelle | A | 1/2 | | | |

FORM 18-436 (5-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | |
|-------------------------|---|----------------|--------------|-------------|-----|------|------------|-------|--|
| 2125 | | HEAD OF FAMILY | | Louisiana | | E.D. | | SHEET | |
| COLOR | W | AGE | 41 | Langue Paul | | 718 | | 10 | |
| COUNTY | | | | Tangipahoa | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | | |
| NAME | | | RELATIONSHIP | | AGE | | BIRTHPLACE | | |
| Cecile | | | W | | 27 | | | | |
| Joseph | | | S | | 9 | | | | |
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FORM 10-536 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------------|----------------|------|-------------|--------|
| L125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 57 | BIRTH PLACE | Paul E |
| COUNTY | East Baton Rouge | | | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Bertie | | w | 34 | | |
| Mamie | | D | 10 | | |
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FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| C120 | | NAME OF INDIVIDUAL
<i>Le Beau, Pauline</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>16</i> | BIRTHPLACE | | E.D.
<i>10</i> | SHEET
<i>24</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | <i>Guthrie, Oscar</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
A

USCOM-DC 15106-P81

2120

HEAD OF FAMILY *Louis Pelain*

LOUISIANA

COLOR *W* AGE *25* BIRTHPLACE *Mez* E.D. *44* SHEET *26*

COUNTY *Calcasieu* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|-------------|-------------|
| <i>Olivia</i> | <i>W</i> | <i>33</i> | <i>Mez.</i> |
| <i>Charles</i> | <i>S</i> | <i>10</i> | |
| <i>Marie</i> | <i>D</i> | <i>12</i> | |
| <i>Manuel</i> | <i>S</i> | <i>2</i> | |
| <i>Jessie</i> | <i>S</i> | <i>3/12</i> | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2120

HEAD OF FAMILY

LOUISIANA

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Mexico |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Albina | | W | 3 | Mexico | |
| Bessie | | S | 10 | Mexico | |
| Minnie | | W | 12 | Mexico | |
| Samuel | | S | 2 | | |
| Jesse | | S | 6 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L121 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| w | 28 | Peter | | 102 | 19 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edna E | | w | 22 | | |
| Ray | | s | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------------|
| L123 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | Lafourche, Peter |
| COUNTY | | E.D. | | SHEET | |
| | | 47 | | 3 | |
| Lafourche | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Beatrice | W | 19 | | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|----------------|-----------|
| L125 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

| | | | | |
|-------------------------|----------------|------------|------------|------|
| 425 | HEAD OF FAMILY | | Louisiana | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 58 | | | 718 |
| COUNTY | | SHEET | | |
| Tangipahoa | | 3 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jermine | W | 62 | Miss | |
| Jacob | S | 22 | | |
| Maggie | D | 21 | | |
| Sophia | D | 18 | | |
| Carmen | D | 16 | | |
| Maud | D | 15 | | |
| Harvey | S | 13 | | |

FORM 70-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Alice | D | 11 | |
| Robert | S | 5 | |
| | | | |
| | | | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY NAME

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMANDC 15100-P01

| | | | | | |
|---|---|--------------------|-----------------|-----------|-----|
| 2100 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 19 | E.D. | 107 |
| | | BIRTHPLACE | Italy | SHEET | 3 |
| COUNTY | | | CITY | | |
| | | | Kentwood | | |
| ENUMERATED WITH | | | Tangipahoa | | |
| RELATIONSHIP TO ABOVE | | | Garrison Philip | | |
| <div><div><input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE</div><div><input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW</div><div><input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)</div></div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-------------|---|-------|---|-----|
| 4120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 20 | E.D. | 104 |
| | | BIRTHPLACE | Italy | SHEET 3 | |
| COUNTY | St. Tammany | | CITY | | |
| ENUMERATED WITH | | | | | |
| Masola Rosalino | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

8120

HEAD OF FAMILY *Lafosse, Phillemine*

LOUISIANA

COLOR *W* AGE *36* BIRTHPLACE *30* SHEET *6*

COUNTY *Calcasieu* CITY *Kenner*

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|-----------|------------|
| <i>Mattie</i> | <i>W</i> | <i>36</i> | |
| <i>Senor</i> | <i>D</i> | <i>8</i> | |
| <i>Alfred</i> | <i>S</i> | <i>7</i> | |
| <i>Mamie</i> | <i>D</i> | <i>6</i> | |
| <i>Joseph</i> | <i>S</i> | <i>5</i> | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|--|--|------------|-------------------|-------------------|
| U10 | NAME OF INDIVIDUAL
<i>Le Bonaf, Piere</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | E.D.
<i>85</i> | SHEET
<i>2</i> |
| COUNTY
<i>St. Mar</i> | | CITY | | |
| ENUMERATED WITH
<i>Le Bonaf, Jules</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Pa</i> </div> </div> | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| L 110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 49 | BIRTHPLACE | Parr |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elaise | | W | 38 | | |
| Mary | | D | 13 | | |
| Nettie | | D | 10 | | |
| Cleveland | | S | 8 | | |
| Lillian | | D | 7 | | |
| Roosevelt | | S | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|-----|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Mex |
| COUNTY | | | | CITY | |
| St. Mary | | | | | |
| ENUMERATED WITH | | | | | |
| Chan F. Lasphi | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (14-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPM-DC 18198-P81

| | | | | | |
|-------------------------|---|----------------|------|------------|------------------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Leboeuf, Plevins |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 19 | | |
| Alfredus | | S | 7/12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|---|--|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 13 | BIRTHPLACE | |
| E.D. | | 70 | | SHEET | |
| 2 | | | | | |
| COUNTY | | | | | |
| St. James | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Breaston, George | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SD | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 5122 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | Louise, Pougat |
| | | E.D. | | 47 | SHEET |
| | | | | 47 | 2 |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angelina | | W | 50 | | |
| William | | S | 18 | | |
| Belen | | S | 16 | | |
| Horace | | S | 15 | | |
| Ellie | | D | 11 | | |
| Albert | | S | 8 | | |
| Ibel | | S | 5 | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMAN-DC 15100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 5726 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | Lopez, Prosser |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elodia | | W | 53 | | |
| Amelien | | D | 23 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|----|------------|------------------|
| X 126 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | E.D. 129 SHEET 5 |
| COUNTY | | WINN | | CITY | |
| ENUMERATED WITH | | | | | |
| Mc Kenney Otto R. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-P-81

| | | | | | |
|-------------------------|---|----------------|-----|--------------|------------------|
| 5125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | E.D. 120 SHEET 8 |
| COUNTY | | Tangipahoa | | CITY Hammond | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lady | | W | 31 | | |
| 2 Jay L | | S | 4 | | |
| 3 Lavinia May | | D | 1 | | |
| Pickerton, Mrs | | M | 64 | | |
| 4 E. Gardner | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-536 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|---|------------|-----|
| 2120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 7 | BIRTHPLACE | |
| | | | | E.D. | 133 |
| | | | | SHEET | 35 |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| None Arthur | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P01

| | |
|------|-------------------|
| 2110 | HEAD OF HOUSEHOLD |
|------|-------------------|

2110

| | | | |
|-------------------------|--------------|-----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 5-1 | LaSalle, Redman | 50 7 |
| COUNTY | Calcasieu | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Salina | W | 44 | |
| Matt Simola | Ward | 3 | |
| | | | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|------|-----------|--|
| L185 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET | |
| 16 | 16 | | 117 | 33 | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Vidume Hebrard | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | | | |
|-------------------------|---|----------------|--------|-----------------|--|-----------|-------|
| 2110 | | HEAD OF FAMILY | | Le Bone, Rhines | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | | E.D. | SHEET |
| | | | | | | 36 | 4 |
| COUNTY | | | | CITY | | | |
| | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Emma | | W | 19 | | | | |
| Edna | | D | 13 1/2 | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|-----|------------|---------------|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 26 | BIRTHPLACE | Leavis Robert |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Lizzy | W | 24 | | |
| | Walter | S | 5 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|------------------|------------|------------|---|
| L120 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | La Besse, Robert | E.D. | SHEET | |
| B | 30 | BIRTHPLACE | 1 | 7 |
| COUNTY | | CITY | | |
| Assumption | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | w | 28 | | |
| Robert Jr | s | 8 | | |
| Eugene | s | 6 | | |
| Mary | d | 4 | | |
| Samuel | s | 2 1/2 | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|----------------|-------|------------|----------------|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | Mu | AGE | 36 | BIRTHPLACE | Lavigne Robert |
| COUNTY | | Berville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Harriet | W | 37 | | |
| | Robert B Jr | S | 6 | | |
| | Eleanor | D | 8 | | |
| | Sylvester | S | 4 | | |
| | Fate | D | 3 | | |
| | Thomas | S | 1 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 8125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | Lafayette Robert |
| COUNTY | | Tangipahoa | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Grand | | W | 54 | | |
| / Mrs. Wm | | S | 4 | | |
| / Estelle | | D | 3 | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|-------------------|
| L125 | | NAME OF INDIVIDUAL
<i>Lamagne Robert</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>17</i> | BIRTHPLACE | | E.O.
<i>52</i> | SHEET
<i>9</i> |
| COUNTY | | CITY
<i>Iberville</i> | | | |
| ENUMERATED WITH
<i>Washington Charlotte</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPM-DC 15106-P61

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 34 | | 56 14 |
| COUNTY | | CITY | |
| Cameron | | Lumburg | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Rosalee | W | 32 | |
| William J. | S | 11 | |
| James | S | 8 | |
| Stanford | S | 6 | |
| Osceola | S | 4 | |
| Wallace | S | 4 1/2 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|--|--|---|--|--|--|------------|--|
| S120
COLOR
W | | NAME OF INDIVIDUAL
Lopez, Rachilia | | LOUISIANA
E.D.
61 | | SHEET
5 | |
| AGE
26 | | BIRTHPLACE | | | | | |
| COUNTY
St. Bernard | | | | CITY | | | |
| ENUMERATED WITH
Hernandez, John | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMP-DC 10100-P-61

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L/20 | | NAME OF INDIVIDUAL
<i>Lewes Ross</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>29</i> | BIRTHPLACE
<i>Miss</i> | | E.D.
<i>36</i> | SHEET
<i>29</i> |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Lake Charles</i> | | | |
| ENUMERATED WITH
<i>Washington Janne</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> POWER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

| | | | | | |
|-----------------------|---|---|----|------------|---------|
| L 120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | |
| COUNTY | | Acadia | | CITY | Crowley |
| ENUMERATED WITH | | Mayer William E. | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|--------------------|
| 4110 | | NAME OF INDIVIDUAL
<i>LeBarré Rosalie</i> | | LOUISIANA | |
| COLOR
<i>mn</i> | AGE
<i>18</i> | BIRTHPLACE | | E.D.
<i>108</i> | SHEET
<i>17</i> |
| COUNTY
<i>Terrebonne</i> | | CITY | | | |
| ENUMERATED WITH
<i>Billiet Joseph F.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|---|---|------------------|
| | | LOUISIANA | |
| 1125 | NAME OF INDIVIDUAL
<i>Lipscomb, Roscoe</i> | | E.O. 47 SHEET 17 |
| COLOR
<i>W</i> | AGE
<i>25</i> | BIRTHPLACE | |
| COUNTY | CITY | | |
| ENUMERATED WITH
<i>En. Felix</i>
<i>Lipscomb, Charles A</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18108-P01

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| 2 120 | Lafosse Rose | | | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 27 | | | |
| COUNTY | Acadia | CITY | Crowley | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Kudbodeaux Mary | se | 18 | | |
| Beonet Marie | se. | 16 | | |
| Lafosse Domition | b | 18 | | |
| B | f | 59 | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 4120 | NAME OF INDIVIDUAL
<i>Lissy, Rose</i> | | E.D.
<i>31</i> | FEET
<i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE
<i>Italy</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Caddo</i> | | CITY
<i>Devine</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Cocilova, Frank</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SV</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SV</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SV</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16100-P61

| LOUISIANA | | | |
|---|--|--|-------------|
| 5125 | NAME OF INDIVIDUAL
<i>Lipsion Runyan</i> | | E.D.
141 |
| COLOR
<i>B</i> | AGE
15 | BIRTH PLACE | |
| COUNTY
<i>West Baton Rouge</i> | | CITY | |
| ENUMERATED WITH
<i>Green Promise</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 18100-P61

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 425 | NAME OF INDIVIDUAL
<i>Lavigne Sam</i> | | E.D.
120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | SHEET
7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
20 | BIRTH PLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Tangipahoa</i> | CITY
<i>Hammond</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Spiller M. M. Mrs.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| L 120 | HEAD OF FAMILY | | E.O. 39 |
| | Lepia Sam | | SHEET 33 |
| COLOR | AGE | BIRTHPLACE | |
| W | 30 | Ipsa | |
| COUNTY | Calcasieu | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Edmond Bo | | 35 | Ipsa |
| | | | |
| | | | |
| | | | |
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FORM 10-634 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--------------------------------------|
| LOUISIANA | |
| L120 | NAME OF INDIVIDUAL
Levoise, Sante |
| E.D.
116 | SHEET
10 |
| COLOR
W | AGE
30 |
| BIRTHPLACE
St. | |
| COUNTY | CITY |
| ENUMERATED WITH | Tangipahoa Independence |
| RELATIONSHIP TO ABOVE | Lambetta, Julia |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
 | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P01

| | | | | | |
|--|---|---|------|---|-------|
| 125 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Larigue, Sarah A. | | E.D. | | SHEET | |
| COLOR | B | AGE | 25 | BIRTHPLACE | 30 11 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| ENUMERATED WITH | | | | | |
| Larigue, Louis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Si | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P01

| | | | | | |
|-------------------------|----------|----------------|------------|------------|-------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 40 | | 56 | 4 |
| COUNTY | | | CITY | | |
| Cameron | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 37 | | |
| | Isaac | D | 19 | | |
| | Ann | D | 18 | | |
| | Margaret | D | 15 | | |
| | Lawrence | S | 14 | | |
| | Willie | S | 12 | | |
| | Louis | S | 9 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 410 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Bonet, Jarozon | | E.O. | | 565 | |
| COLOR | W | AGE | 38 | BIRTHPLACE | |
| COUNTY | | Cameron | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Martha | | W | 39 | | |
| Daniel | | S | 18 | | |
| Ralph | | S | 17 | | |
| Carline | | D | 15 | | |
| Dymian | | D | 13 | | |
| Pauline | | D | 4 | | |
| Agnes | | D | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| Theresa | D | 7 | |
| Grace | D | 5 | |
| Geneva | D | 3 | |
| Monine | S | 1 | |
| | | | |
| | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-701

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L, 20 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Le Sage Scott | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 7 | 75 | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Pointe Coup | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mosewang Alfred | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|------------------|-----|------------------|-------|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 30 | | 25 | 14 |
| BIRTHPLACE | | | | | |
| COUNTY | | East Baton Rouge | | CITY Baton Rouge | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jane | | W | 23 | | |
| Jesse | | D | 3 | | |
| | | | | | |
| | | | | | |
| J. L. Leger | | | | | |
| | | | | | |
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FORM 10-634 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 9120 | | HEAD OF FAMILY | | LOUISIANA | |
| Lopez-Seynelan | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 55 | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pauline | | W | 39 | | |
| Rosa | | S | 17 | | |
| Marian | | D | 15 | | |
| Clifton | | S | 11 | | |
| Lester | | S | 9 | | |
| Edgar | | S | 6 | | |
| Evelyn | | D | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------------|-------------------|-------------|------------|
| <i>Gilbert</i> | <i>S</i> | <i>2</i> | |
| <i>Anthony</i> | <i>S</i> | <i>7/12</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMA-DC 18190-P61

| | | | | | |
|-------------------------|-----|------------------|------|------------|-------|
| L-110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 46 | Lebaugh Severine | | 12 | 10 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emilia | | w | 43 | | |
| Eugene | | s | 19 | | |
| Mary L. | | d | 17 | | |
| Willie | | s | 15 | | |
| Lula | | d | 12 | | |
| Mabelle | | s | 10 | | |
| Lucy | | d | 6 | | |

FORM 10-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636a (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P03

| | | | |
|-------------------------|--------------|-----------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| NAME | AGE | E.O. | SHEET |
| L. J. Lopez | 27 | 21 | 12 |
| COLOR | BIRTHPLACE | | |
| Mr | | | |
| COUNTY | | CITY | |
| Iberia | | Delcambre | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Althea | W | 22 | |
| Noraga | S | 8/12 | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Sidney |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angeles | | W | 23 | | |
| Murtle | | D | 3 | | |
| Empty | | D | 1/2 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| La Picke | | Sidney | | E.D. | SHEET |
| COLOR | W | AGE | 34 | 82 | 39 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Virginia | | W | 30 | | |
| Florence | | D | 1 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| 5120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.O. | SHEET |
| 24 | 31 | Lopez, Simeon | | 15 | 21 |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alvina | | W | 26 | | |
| Ella | | S | 8 | | |
| Clara | | S | 5 | | |
| Andre | | S | 4 | | |
| Lenice | | S | 1 1/2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------|
| 6120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Lopez Simon |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leonida | | W | 22 | | |
| Nita | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| 3720 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | BIRTHPLACE | Success |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Conchita | | W | 52 | | |
| Cecilia | | D | 18 | | |
| Albert | | S | 11 | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------|--------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L125 | NAME OF INDIVIDUAL
<i>Lipscomb Sumpter</i> | | E.D.
<i>117</i> | SHEET
<i>10</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>45</i> | BIRTHPLACE
<i>Fla.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Webster</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Plant James M.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC6001-06 16100-201

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 2120 | | Lucas | 101 9 |
| COUNTY | | CITY | |
| Terrebonne | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Kitty | W | 39 | |
| Lyons | S | 18 | |
| William | S | 14 | |
| Calista | D | 12 | |
| James | S | 8 | |
| Lucas B | S | 4 | |
| W. Lyons | S | 1 | |

FORM 10-636 (4-20-61)

'1910' CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 8110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Le Beau, Texas |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Fosigine | | W | 36 | | |
| Famelite | | D | 13 | | |
| Jubione | | D | 12 | | |
| Jesse Jr | | S | 10 | | |
| Marie | | D | 7 | | |
| Cassere, Louise | | M | 17 | | |
| Pitre, Felicia | | M | 10 | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L120 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE |
| | | | | |
| COUNTY | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Cecile | w | 50 | |
| | Victorine | d | 31 | |
| | Lindile | s | 18 | |
| | Ida | d | 15 | |
| | Mary | d | 11 | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Louis Jervill | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| MW | 78 | | | | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eulalie | | w | 50 | | |
| Hera | | g d | 13 | | |
| Mouton Louis | | bc | 100 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|--|
| 5120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lafesse, Theo | | E.O. 31 | | SHEET 15 | |
| COLOR | W | AGE | 29 | BIRTHPLACE | |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| Neal, Harry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Laborer | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|----------|----------------|------|------------|-------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| W | | 27 | | 5 | 8 |
| | | BIRTHPLACE | | | |
| | | Assumption | | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lillian | W | 23 | | |
| | Mary | D | 5 | | |
| | Theodore | S | 3 | | |
| | Richard | S | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| R 110 | | HEAD OF FAMILY | | LOUISIANA | |
| F. A. Baume, Th. dau. A | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 33 | | | | |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|----|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| Laubant, Theodore | | E.D. | | SHEET | |
| COLOR | W | AGE | BIRTHPLACE | 5 | 27 |
| Acadia | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Arnestine | W | 28 | | | |
| Admay | D | 9 | | | |
| Doraie | S | 8 | | | |
| Celestine | D | 7 | | | |
| William | S | 6 | | | |
| Anson | S | 5 | | | |
| Alice | D | 1 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 8110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | E.D. | 86 |
| | | BIRTHPLACE | | SHEET 25 | |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | | W | 42 | | |
| Alice | | D | 19 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Bonf, Theagen | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 37 | | | | |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 35 | | |
| Stanley | | S | 12 | | |
| Aline | | S | 10 | | |
| Arlene | | S | 7 | | |
| Lennie | | S | 2 | | |
| Ledia | | S | 2 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L-110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 61 | | 12 | 5 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Louisa | | w | 51 | | |
| Menas | | s | 17 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 110 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Boef, The Jean | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 26 | | | | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| MARION | | W | 27 | | |
| WILLIAM | | 0 | 9 | | |
| THEOBEAT | | 5 | 6 | | |
| LIDELA | | 0 | 5 | | |
| LULA | | 0 | 4 | | |
| NEEDIE | | 0 | 1 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2110 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBrum Theophile | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 23 | | | | |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 17 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| L 118
COLOR
21 | | HEAD OF FAMILY
Lebon Theophile | | LOUISIANA
E.D.
12 | | SHEET
13 | |
|-------------------------|--|-----------------------------------|-----|-------------------------|--|-------------|--|
| AGE
25 | | BIRTHPLACE | | | | | |
| COUNTY
1 | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Eva | | w | 18 | | | | |
| Adee | | s | 3 | | | | |
| Adney | | s | 1 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-----|
| L111 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHE |
| W | 65 | | | 69 | 18 |
| COUNTY | | St. Jam | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Cleveland | | s | 23 | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 42 | | 75 | 3 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lipie | | W | 38 | | |
| Hilby | | S | 18 | | |
| Lamie | | D | 15 | | |
| Lida | | D | 13 | | |
| Tristan | | S | 9 | | |
| Wanglan | | S | 6 | | |
| Daria | | D | 5 | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 8120 | | HEAD OF FAMILY | | LOUISIANA | |
| Lupique, Tom | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 30 | It. | | | |
| COUNTY | | | CITY | | |
| Tangipahoa | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Catherine | | W | 30 | | |
| Tom C | | S | 9 | | |
| Charlie | | S | 7 | | |
| Frank | | S | 5 | | |
| Phishel | | d. | 4 | | |
| Geline | | d | 2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L120 | | HEAD OF FAMILY | | LOUISIANA | |
| Lipsy | | Tam | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 60 | 2 |
| 8 | 41 | | | | |
| COUNTY | | Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Bell | | W | 40 | | |
| Cucelia | | D | 7 | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 25 | | | 107 | 6 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Therese | | W | 22 | | |
| Nicola | | D | 14 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| Livas Thomas | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 102 12 | |
| B | 23 | | | | |
| COUNTY | | | CITY | | |
| Te rebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|------|--|--------|
| 5120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lopez Thomas | | ED | | SHEET | |
| COLOR | W | AGE | 21 | BIRTHPLACE | 133 40 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Lilhamsey Ernest | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 19100-P01

| | | | | | |
|-------------------------|----|----------------|------|------------|----|
| 5123 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 22 | E.D. | 55 |
| | | BIRTHPLACE | | SHEET | 10 |
| COUNTY | | Jackson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Alice | | Si | 19 | | |
| Douglass, Jesse | | N | 2 | | |
| Phillie | | N | 1/12 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L 120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 39 | | | 3 | 7 |
| COUNTY | | CITY | | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Justine | W | 39 | | | |
| Matham | S | 15 | | | |
| Ysia | D. | 13 | | | |
| Thelma | D. | 10 | | | |
| Alexis | S | 12 | | | |
| Baby | D. | 6 | | | |
| Shadys | D. | 4 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------|
| L125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | La Salle |
| COUNTY | | La Salle | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 8120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 34 | St. | | 115 | 6 |
| COUNTY | | CITY | | | |
| Tangipahoa | | | | | |
| ENUMERATED WITH | | | | | |
| Lapigue, Joe | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 5125 | HEAD OF FAMILY | | Louisiana | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| W | 41 | Italy | 64 | 33 |
| COUNTY | | CITY | | |
| St. Charles | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | W | 28 | Italy | |
| Janet | S | 11 | | |
| Tony | S | 16 | | |
| Anna | S | 5 | | |
| George | S | 3 | | |
| Sam | S | 2 | | |
| Lee | S | 1 | | |

FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L124 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 31 | Ala | | 44 | 18 |
| COUNTY | | CITY | | | |
| Calcasieu | | Lake Charles | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Rosie | W | 26 | Ala | | |
| John, Jr | S | 8 | | | |
| Wesley | S | 5 | | | |
| Marion | S | 3 | | | |
| Lena | S | 7/12 | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2124 | | HEAD OF FAMILY | | LOUISIANA | |
| La Piccola Tony | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | Italy | | | |
| COUNTY | | CITY | | | |
| Calcasteu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosie | | W | 26 | | |
| Tony Jr | | S | 5 | | |
| Mary | | D | 8 | | |
| Annie | | D | 3 | | |
| Lena | | D | 5 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------|------------|--|
| 8125 | | HEAD OF FAMILY | | LOUISIANA | |
| Lepton Larry | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | Austria | | | |
| COUNTY | Franklin | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 4 3 Bo. | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--|
| 2720 | | HEAD OF FAMILY | | LOUISIANA | |
| Linas Tucker | | E.D. | | SHEET | |
| COLOR | B | AGE | 37 | BIRTHPLACE | |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Addie | | W | 18 | | |
| Berne | | D | 8/12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|-------------|------------|---------------|
| L120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | ED 95 SHEET 8 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Lincoln | | |
| RELATIONSHIP TO ABOVE | | | Dykes, Jake | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16196-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L-125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 34 | | | 118 | 15 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Evela | | W | 29 | | |
| Robert | | S | 15 | | |
| Mavis L | | D | 11 | | |
| Joseph | | S | 8 | | |
| Amy | | D | 5 | | |
| Lillian | | D | 4 | | |
| Note: Edna | | St | 11 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----------------|---|---|-------------------|-------------------|
| 2110 | | NAME OF INDIVIDUAL
<i>Lebauf Annie</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>6</i> | BIRTHPLACE | | E.D.
<i>79</i> | SHEET
<i>5</i> |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
<i>Coupea</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>Bugnot Helen M</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

| LOUISIANA | | | |
|-----------------------------|--|------------|-------------|
| 2135 | HEAD OF FAMILY
<i>Louise Martin</i> | | E.D.
132 |
| | | | SHEET
51 |
| COLOR
<i>Mu</i> | AGE
22 | BIRTHPLACE | |
| COUNTY
St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Emilie</i> | <i>w</i> | <i>20</i> | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| LOUISIANA | | | |
|----------------------------|--------------------------------|-----|------------|
| P116 | HEAD OF FAMILY
Lefevre, U M | | |
| E.D.
137 | SHEET
11 | | |
| COLOR
W | AGE
53 | | |
| BIRTHPLACE | | | |
| COUNTY
West Baton Rouge | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Elmira C | 4 | 50 | |
| Emilia J | 5 | 25 | |
| J U M | 5 | 23 | |
| Charles S | 5 | 19 | |
| Edward L | 5 | 17 | |
| Albert H | 5 | 16 | |
| George R | 5 | 11 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--------------------------------|--|-----|------------|
| LOUISIANA | | | |
| L. 20
COLOR | HEAD OF FAMILY
L. 20
AGE
45
BIRTHPLACE | | |
| COUNTY
St. John the Baptist | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| L. 20 | Wife | 31 | |
| L. 20 | Child | 13 | |
| L. 20 | Child | 7 | |
| L. 20 | Child | 6 | |
| L. 20 | Child | 4 | |
| L. 20 | Child | 30 | |

FORM 10-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| LOUISIANA | | | |
|--|--------------------|------------|------------|
| K120 | NAME OF INDIVIDUAL | | E.D. SHEET |
| | Lopez Valdamos | | 31 17 |
| COLOR | AGE | BIRTHPLACE | |
| W | 46 | Spain | |
| COUNTY | CITY | | |
| | Jefferson | | |
| ENUMERATED WITH | | | |
| Lapine, William | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>Bo</u> </div> </div> | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18184-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5116 | | HEAD OF FAMILY | | Louisiana | |
| LeBrum | | Vallere | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 28 | | | | |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | W | 35 | | |
| Scarlie | | S | 4 | | |
| Willis | | S | 4 | | |
| Walter | | S | 3 | | |
| Carl | | S | 1 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| 420 | | HEAD OF FAMILY | | Lipsey Vance | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 24 | | | | 38 10 | |
| COUNTY | | | | Concordia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| / Rachael | | | | W | | 21 | |
| / James W | | | | D | | 3 | |
| / Helma | | | | D | | 72 | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| *125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Wm | | 38 | | 28 | 13 |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Christine | | W | 33 | | |
| Leroy | | S | 15 | | |
| Robert | | S | 13 | | |
| Thelma | | S | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| | | La Bush Varice | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 5 | 95 | | | | |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | | | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|----|----------------|-----|------------------|--|------|-------|
| 2125 | | HEAD OF FAMILY | | Louisiana Victor | | E.D. | SHEET |
| COLOR | mm | AGE | 25 | BIRTHPLACE | | 117 | 29 |
| COUNTY | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Melvin | | w | 25 | | | | |
| Cula | | d | 7 | | | | |
| Yoncho | | d | 4 | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | SHEET | |
| W | | 25 | | 70 13 | |
| COUNTY | | BIRTHPLACE | | | |
| | | Lafayette | | | |
| | | CITY | | Lafayette | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leasie | | W | 29 | Ark | |
| Francis B | | L | 8 | | |
| Constance | | L | 5 | | |
| Helen | | L | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 121 20 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 37 | | 51 | 24 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lily | | W | 35 | | |
| Ida | | A | 6 | | |
| Eida | | A | 3 | | |
| Eiza | | A | 3 1/2 | | |
| and one Boarder | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| | | 25 | | 37 | 16 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amanda | | W | 34 | | |
| Lina | | D | 14 | | |
| Manelline | | D | 11 | | |
| Lora | | D | 7 | | |
| Larine | | S | 5 | | |
| Felix | | S | 2 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| Lubans Victor | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| a | 33 | | 109 9 |
| COUNTY | Terrebonne | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lelina | w | 29 | |
| Ledmy | S | 9 | |
| Allen | S | 6 | |
| Ulah | D | 3 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|------|-------------------|-----|------------|-------|
| P 110 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lebrant, Victoren | | 5 | 15 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 38 | | | | |
| COUNTY | Acad | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| OLINA | | W | 31 | | |
| EARNST | | S | 6 | | |
| ARNST | | S | 4 | | |
| FARNELIE | | D | 2 | | |
| ANES | | S | 1 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|---|---|--------------------|--------------------|
| L120 | NAME OF INDIVIDUAL
<i>Lalish, Victoria Mae</i> | | E.D.
<i>137</i> | SHEET
<i>22</i> |
| COLOR
<i>W</i> | AGE
<i>60</i> | BIRTHPLACE | | |
| COUNTY
<i>Vermillion</i> | | CITY | | |
| ENUMERATED WITH
<i>Broussard, Louisiana</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-44-DC 16198-P61

LOUISIANA

| | | | | |
|----------------------------|---|--------------|-------------------|-------------------|
| <i>L126</i> | HEAD OF FAMILY
<i>Savigne, Vincent</i> | | E.D.
<i>10</i> | SHEET
<i>4</i> |
| COLOR
<i>W</i> | AGE
<i>22</i> | BIRTHPLACE | | |
| COUNTY
<i>Ascension</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Idia</i> | | <i>W</i> | <i>18</i> | |
| <i>Leonine</i> | | <i>D</i> | <i>8</i> | |
| <i>Argentine</i> | | <i>D</i> | <i>4</i> | |
| <i>Nila</i> | | <i>D</i> | <i>1</i> | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|------------------|------------|------------|-------|
| L110 | HEAD OF FAMILY | | E.D. | SHEET |
| | Le Brouf Vincent | | 68 | 6 |
| COLOR | AGE | BIRTHPLACE | | |
| 72u | 55 | St. James | | |
| COUNTY | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elmer | W | 49 | | |
| Perse | S | 22 | | |
| Alvin | D | 20 | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|---|--|-------------------|-------------------|
| 425 | NAME OF INDIVIDUAL
<i>Louise, Virginia</i> | | E.D.
<i>52</i> | SHEET
<i>9</i> |
| COLOR
<i>B</i> | AGE
<i>15</i> | BIRTHPLACE | | |
| COUNTY
<i>Iberville</i> | | CITY | | |
| ENUMERATED WITH | | <i>Washington, Charlotte</i> | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCQM-DC 18108-P61

| LOUISIANA | | | |
|-------------------------|-----------------------------------|------------|-----------------|
| L120 | HEAD OF FAMILY
Laliche, Volcar | | E.D. 2 SHEET 30 |
| COLOR
W | AGE
61 | BIRTHPLACE | |
| COUNTY
Assumption | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Rosela | w | 47 | |
| Eladie | d | 15 | |
| Margay | d | 13 | |
| Pilla | d | 10 | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|--|--------------|----------------|-----------------|
| C110 | HEAD OF FAMILY <i>Lebenoffe, Wallace</i> | | E.D. <i>69</i> | SHEET <i>14</i> |
| COLOR <i>W</i> | AGE <i>30</i> | BIRTHPLACE | | |
| COUNTY <i>St. James</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Wallace</i> | | <i>W</i> | <i>28</i> | |
| <i>Alexis</i> | | <i>d</i> | <i>12</i> | |
| <i>Hattie</i> | | <i>d</i> | <i>9</i> | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|---|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| 2110 | | Lehman William | | 50 | 6 |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 60 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1. Leontine | w | 28 | | | |
| Robert | s | 10 | | | |
| Robert | s | 7 | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|---|-------------------|------|------------|-------|
| L 125 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lepicoube William | | 44 | 20 |
| COLOR | W | AGE | 34 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia J. | | W | 29 | | |
| William S. | | 3 | 7 | | |
| Mildred | | D | 5 | | |
| Lola | | D | 3 | | |
| Elean | | S | 2 | | |
| | | | | | |
| and 1 son | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|--|---|--|------------|------------|
| X/20 | | NAME OF INDIVIDUAL
<i>Lafage William</i> | | E.O.
75 | SHEET
5 |
| COLOR
<i>B</i> | AGE
<i>5</i> | BIRTHPLACE | | | |
| COUNTY
<i>Pointe Coupee</i> | | CITY | | | |
| ENUMERATED WITH
<i>Marysany Alfred</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18164-P01

| | | | | LOUISIANA | |
|-------------------------|------------------|-------------------|-----|------------|-------|
| L125 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Lipscomb, William | | 28 | 14 |
| COLOR | AGE | BIRTHPLACE | | | |
| | 70 | Mississippi | | | |
| COUNTY | East Baton Rouge | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Johnson, Mary E. | | Wife | 24 | | |
| Lawrence | | Son | 10 | | |
| Miller | | Son | 8 | | |
| Edward | | Son | 5 | | |
| Lipscomb, E. | | Son | 3 | | |
| Lemuel | | Son | 1 | | |

LOUISIANA

| | | | | | |
|---|--|--|------------------------|-------------------|-------------------|
| L 125 | | NAME OF INDIVIDUAL
<i>Specialist William J.</i> | | E.O.
<i>42</i> | SHEET
<i>3</i> |
| COLOR
<i>W</i> | AGE
<i>7</i> | BIRTHPLACE | | | |
| COUNTY
<i>East Feliciana</i> | | | CITY
<i>Jackson</i> | | |
| ENUMERATED WITH
<i>Fauver Vance W.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ss</i> | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | LOUISIANA | |
|-------------------------|---------------------------------------|------------|------------|
| | | E.O. | SHEET |
| L 125 | HEAD OF FAMILY
Lipscomb, William B | | |
| COLOR
W | AGE | BIRTHPLACE | |
| COUNTY | East Baton Rouge | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Virginia L | W | 25 | |
| Louise M | D | 2 | |
| James W | S | 1 1/2 | |
| | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| | | LOUISIANA | |
| HEAD OF FAMILY | | E.O. | SHEET |
| L110 | | 57 | 1 |
| COLOR | AGE | BIRTHPLACE | |
| W | 36 | | |
| COUNTY | CITY | | |
| Iberville | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 son | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----------|----------------|------|------------|-------|
| 2170 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lakes Willie | | 36 | 20 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 68 | | | | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Laina | W | 49 | | |
| | Colet | S | 17 | | |
| | Marie | D | 14 | | |
| | Arjontsie | D | 9 | | |
| | Shubran | S | 4 | | |
| | Maggie | D | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|----------------|------|------------|-------|
| 5120 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Leepes Willie | | 133 | 2 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | | | | |
| COUNTY | | | CITY | | |
| Winn | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 23 | | |
| Claudia | | S | 3 | | |
| Bella | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------------|-----------------|--------------|------|------------|
| 125 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lipscomb Willie | | 27 | 8 |
| COLOR | AGE | BIRTHPLACE | | |
| MW | 24 | | | |
| COUNTY | | CITY | | |
| FIRST OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Rafana | | do | 18 | |
| John | | do | 2 | |
| Lizzie | | and | 65 | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|-----|------------|--|
| 2120 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafosse, Min | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 28 | | | | |
| COUNTY | Acadia | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Azetile | | W | 28 | | |
| Anise | | D | 7 | | |
| Enelia | | D | 5 | | |
| Cora | | S | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L110 | | HEAD OF FAMILY | | LOUISIANA | |
| Leboeuf, Wilson | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 27 | | | | |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Agnes | | W | 22 | | |
| Juliana | | D | 6 | | |
| Roxana M. | | D | 4 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L125 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| n | | 48 | | | 7185 |
| COUNTY | | | CITY | | |
| Tangipahoa | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leona | | W | 37 | | |
| Lonic | | E | 14 | | |
| Lucille | | E | 13 | | |
| L. Sidney | | E | 7 | | |
| Nelson | | E | 5 | | |
| Muriel | | D | 3 | | |
| Oliver | | D | 1 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF

~~MADE IN U.S.A.~~
MADE IN U.S.A.

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|-----|------------|-------|
| D 132 | | HEAD OF FAMILY | | Lester G. H. | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | SHEET |
| h | | 46 | | Ila | | 93 | 8 |
| COUNTY | | | | CITY | | | |
| Rapides | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. May | | | | S. | 40 | | |
| | | | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2

LOUISIANA

| | | | | |
|-------------------------|---------------------|--------------|-----------|------------|
| <i>L132</i> | HEAD OF FAMILY | | E.D. | SHEET |
| | <i>Loftus A.V.</i> | | <i>64</i> | <i>8</i> |
| COLOR | AGE | BIRTHPLACE | | |
| <i>W</i> | <i>36</i> | | | |
| COUNTY | De Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| | <i>Edith</i> | <i>W</i> | <i>35</i> | |
| | <i>John P</i> | <i>S</i> | <i>3</i> | |
| | <i>Lizzie Leigh</i> | <i>W</i> | <i>2</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| LOUISIANA | | | |
|-------------------------|--------------------------------------|-----|------------|
| 435 | HEAD OF FAMILY
Lafayette, Abraham | | |
| E.D.
153 | SHEET
21 | | |
| COLOR
B | AGE
32 | | |
| BIRTHPLACE | | | |
| COUNTY
St. Landry | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Alberta | w | 28 | |
| Isabella | d | 9 | |
| Eleanor | d | 7 | |
| Lucile | d | 6 | |
| McKinley | s | 4 | |
| Abraham | s | 2 | |

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 0135- | | NAME OF INDIVIDUAL
<i>Loften, Ada</i> | | E.O.
<i>54</i> | SHEET
<i>28</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>2</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Jackson</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lucas Higgins</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16104-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 30 | NAME OF INDIVIDUAL
<i>Lewet, Adèle</i> | | E.O.
71 | SHEET
28 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. James</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewet, Rosine</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18195-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| P 130 | | HEAD OF FAMILY | | LOUISIANA | |
| Leboide, Adolphe | | E.D. | | SHEET | |
| COLOR | W | AGE | 66 | BIRTHPLACE | |
| COUNTY | Ass | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cordie | | W | 55 | | |
| Jesse | | S | 14 | | |
| Hickman | | S | 12 | | |
| Angela | | D | 10 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L-130 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | ED. | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 16 | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | BIRTHPLACE | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acadia | | | | 36 | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | Crawley | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Green Dennis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| son | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15COMM-100 15105-P01

| | | | | | | | |
|-------------------------|---|----------------|-----|-----------------|--|-----------|----|
| 2133 | | HEAD OF FAMILY | | LABOTTET ALBERT | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | | E.D. | 79 |
| | | | | | | SHEET 4 | |
| COUNTY | | | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Marie | | W | 40 | | | | |
| Bernard | | S | 19 | | | | |
| Marie | | D | 16 | | | | |
| Emanuel | | S | 15 | | | | |
| Joseph | | S | 10 | | | | |
| Joseph | | D | 7 | | | | |
| Ludovic | | D | 4 | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 35 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 26 | Jackson | | 55 | 3 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Henrietta | | H | 25 | | |
| Sharlota | | S | 12 | | |
| Boles, Lula | | C | 17 | | |
| Young, Clara | | M | 15 | | |
| Jones, John L. | | M | 9 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| L 135 | | NAME OF INDIVIDUAL
<i>Lepton, Albert</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>4</i> | BIRTHPLACE | | E.O.
<i>39</i> | SHEET
<i>13</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Carroll</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>James Pillett</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S-S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S-S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S-S</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910S-P61

| | | | | | |
|--|--|---|--|---|--|
| 735 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | ED. | |
| W | | 38 | | 50 | |
| BIRTHPLACE | | Franklin | | SHEET | |
| COUNTY | | Franklin | | CITY | |
| ENUMERATED WITH | | Land, Green W. Sr. | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L134 | | HEAD OF FAMILY | | LOUISIANA | |
| Lobdell Albert | | | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 1/2 | 32 | | | | |
| COUNTY | | CITY | | | |
| St. Mary | | Franklin | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| William | 1 | 9 | | | |
| John Mary | 2 | 4 | | | |
| John | 3 | 6 | | | |
| John A | 5 | 5 | | | |
| Jack | 5 | 1 | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|------------------|------------------------------|------------|---------|
| L 130 | HEAD OF FAMILY 1 | | LOUISIANA | |
| COLOR
W | AGE
33 | BIRTHPLACE
Labode, Alcide | | E.D. 19 |
| COUNTY
Avoyelles | | | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louisa | W | 3 | | |
| George | S | 14 | | |
| Camille | S | 13 | | |
| Ethel | D | 12 | | |
| Nora | D | 10 | | |
| Rosevelt | S | 9 | | |
| Ella | D | 7 | | |

FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|-----|------------|---------|
| 8130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | BIRTHPLACE | De Soto |
| COUNTY | De Soto | | | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mattie | | W | 47 | | |
| Lizzie | | D | 22 | | |
| Boots | | D | 17 | | |
| Alex H Jr | | S | 15 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---|--|-----------|
| L 130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 3 | BIRTHPLACE | LOUISIANA |
| COUNTY | | East Carroll | | CITY | |
| ENUMERATED WITH | | | | | |
| Rhodes, Samuel | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
NR | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| 9130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | Age | BIRTHPLACE | | E.D. | SHEET |
| mu | 32 | | | 101 | 9 |
| COUNTY | | CITY | | | |
| St. Tammany | | | | | |
| ENUMERATED WITH | | | | | |
| Relationship to Above | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPM-DC 10100-P01

| | | | | | |
|--|---|---|----|---|----|
| 2135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 16 | E.D. | 42 |
| | | BIRTH PLACE | | SHEET 22 | |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| Loftin C. Albert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|------------------|-----|------------|-------|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | NAME | | E.D. | SHEET |
| W | | Lapataine, Alice | | 47 | 20 |
| AGE | | BIRTHPLACE | | | |
| 42 | | | | | |
| COUNTY | | | | CITY | |
| L. Lapataine | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Gabriel | | S | 22 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|--|
| 430 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lafite Alice | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| Ind | 21 | | | | |
| COUNTY | | St. Tammany | | CITY | |
| ENUMERATED WITH | | | | | |
| Celestine, Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S.D. | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC014M-DC 10100-P01

| | | | | | |
|-------------------------|---|-------------------|-----|------------|--------------------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | Lafitte, Louisiana |
| COUNTY | | Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | |
| 1 Louise C. | | W | 18 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|--|---|---|------|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L130 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 12 | E.O. | 107 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sabine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Holster Albert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | Lanett, Alabama |
| COUNTY | | Red River | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | W | 39 | | |
| Alda E | | S | 18 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| 2135 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 24 | Alpha | | 47 |
| SHEET 12 | | | | |
| COUNTY | | CITY | | |
| Calcasieu | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura S | W | 26 | | |
| Bertie | | 4 | | |
| Lucie | | 3 | | |
| Marion I | D | 12 | | |
| | | | | |
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FORM 10-636 (4-20-61).

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|---------------------------------------|-----|------------|-------------|
| L 34
COLOR | | HEAD OF FAMILY
34 years America B. | | LOUISIANA | |
| 34
AGE | | BIRTHPLACE | | 36
E.D. | 14
SHEET |
| COUNTY | | East Baton Rouge | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | |
| James L. | | S | 12 | | |
| Cyril R. | | S | 14 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|---------------|
| 2130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 65 | BIRTHPLACE | Levitt, Amman |
| COUNTY | | CITY | | E.D. | SHEET |
| | | | | 81 | 18 |
| ENUMERATED WITH | | St. John the Baptist | | | |
| RELATIONSHIP TO ABOVE | | Levitt, Selma | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO:44-DC 16106-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 21 | Andrew | | 42 | 9 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Josephine | | w | 7 | | |
| Lillian | | c | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|---|--|----|------------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8130 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 59 | BIRTHPLACE | La | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | De Soto | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hudson, Will C. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | |
|-------------------------|--------------|----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| N | 48 | Lefton Anna L. | 57 24 |
| COUNTY | | CITY | |
| Jackson | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Earnest D. | S | 22 | |
| Columbus H. | S | 21 | |
| Budley A. | S | 18 | |
| Louisa M. | D | 16 | |
| Walter | D | 13 | |
| Lanita | D | 13 | |
| Maudie E. | D | 11 | |

FORM 18-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Eddie P. | P | 8 | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SCOTT 15100-1501

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| COUNTY | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------|----------------|------|------------|----------------|
| 21.35 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | Male | AGE | 26 | BIRTHPLACE | Lofton, Arthur |
| E.D. | | 27 | | SHEET | |
| 6 | | | | | |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bessie | | W | 25 | | |
| Mack | | S | 4 | | |
| Sallie | | D | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-------|--|------|--|------------------|
| 2130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 26 | AGE | 27 | BIRTHPLACE | E.D. 137 SHEET 4 |
| COUNTY | Union | | CITY | | |
| ENUMERATED WITH | | | | | |
| Brady, Denna | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|--|---|---|----|---|---------------|
| 1122 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 20 | BIRTHPLACE | LaFitte, Ange |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| Anselon, Joseph B | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
h | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 530 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | BIRTHPLACE | 55 |
| COUNTY | | rointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Francis | | W | 58 | | |
| Mar, Edward | | 51 | 25 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------|
| L132 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | Illinois |
| COUNTY | | Livingston | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sally | | W | 38 | | |
| Leulah | | D | 18 | | |
| Adna | | D | 16 | | |
| Darby | | S | 15 | | |
| Mertie | | D | 12 | | |
| Almadis | | D | 3 | | |
| Concession | | S | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTIN

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-436 14 20 01

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15104-P01

| | | | | | |
|-------------------------|----|----------------|-----|------------|-----|
| L136 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 77 | BIRTHPLACE | me. |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Melody | | w | 79 | Miss | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-----------------------------|--|--------------------------|------|------------|-------------|
| 4730 | HEAD OF FAMILY
<i>Lovett Barney</i> | | | E.O.
89 | SHEET
10 |
| COLOR
<i>w</i> | AGE
26 | BIRTHPLACE
<i>Ala</i> | | | |
| COUNTY
<i>St. Helena</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 <i>Mary</i> | | <i>w</i> | 15 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 436 | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lee Batris W. | | 94 | 19 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| William Andrew | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input checked="" type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2130
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>Louise Beatrice</i> | | F. D.
<i>50</i> | SHEET
<i>17</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE
<i>1 1/2</i> | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Iberville</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Powers John L</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 1910-PC1

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 5135 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | ED. SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 11 | | 55 14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Jackson | | C | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Watson, Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

| | | | | |
|-------------------------|--|------------|--------------------|--------------------|
| X. 30 | HEAD OF FAMILY
<i>Lowell Beauford B</i> | | E D.
<i>129</i> | SHEET
<i>14</i> |
| COLOR
<i>W</i> | AGE
<i>37</i> | BIRTHPLACE | | |
| COUNTY
<i>Wind</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Living alone</i> | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| X. 30 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lovett Ben J. | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 129 | 14 |
| W | 70 | LC | | | |
| COUNTY | | | CITY | | |
| Winn | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Martha C. | | W | 70 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 5135 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 32 | | 147 | 10 |
| COUNTY | | | CITY | | |
| Vernon | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | | W | 26 | | |
| Laura | | S | 6 | | |
| William | | S | 3 | | |
| Eddie | | D | 1 | | |
| Herry Thomas | | N | 10 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|--|------------------|--|------------------|--------------------|
| 8930 | | NAME OF INDIVIDUAL
<i>Richard Wayne</i> | | LOUISIANA |
| COLOR
<i>W</i> | AGE
<i>28</i> | BIRTHPLACE
<i>L</i> | ED.
<i>85</i> | SHEET
<i>15</i> |
| COUNTY
<i>Natchitoches</i> | | CITY | | |
| ENUMERATED WITH
<i>Richard Wayne F</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> | | | | |

FORM 10-637 (4-20-61)

FORM 10-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUALS

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15108-P-01

| | | | |
|-------------------------|--------------|------------|-------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E. D. SHEET |
| White | 22 | Benjamin | 79 6 |
| COUNTY | | CITY | |
| Pointe Coupee | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Augustine | W | 20 | |
| Reyna | D | 1 | |
| Missy Esther | M | 35 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 5135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Leftin, Benjamin |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Oliver | | W | 25 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|------|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Miss |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annie H | | W | 28 | | |
| Ray B | | S | 5 | | |
| Eunice M | | S | 3 | | |
| Ruehl S | | S | 2 1/2 | | |
| Margaret | | M | 65 | Miss | |
| | | | | | |
| | | | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|--------|
| L130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 | BIRTHPLACE | Ed. 89 |
| COUNTY | | Natchitoches | | SHEET 15 | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input checked="" type="checkbox"/> NURSE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

1

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L130 | NAME OF INDIVIDUAL
<i>Lafayette Bertha E</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>25</i> | BIRTH PLACE | E.D.
<i>19</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Baton Rouge</i> | | CITY
<i>Baton Rouge</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Curtis Levy O.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>D.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 6136 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 50 | BIRTHPLACE | La. Cal Bertrand |
| COUNTY | | St. Tammany | | CITY | Covington |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Theresa | | u | 45 | | |
| Bertha | | D | 10 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|----|---|----------|--|-----|
| L134 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | Mu | AGE | 12 | E.D. | 138 |
| | | BIRTHPLACE | SHEET 17 | | |
| COUNTY | | West Baton Rouge | | CITY | |
| ENUMERATED WITH | | | | | |
| Curtis Malacciah | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> WIFE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.D. | SHEET | | |
| 42 | 12 | | |
| COLOR | AGE | BIRTHPLACE | |
| W | 42 | | |
| COUNTY | CITY | | |
| Calcasieu | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Willie | W | 32 | Miss |
| Alfred | SS | 16 | Miss |
| Ruby | SS | 12 | Tex |
| Paul | H | 5 | Tex |
| Jewel | E | 2 | Tex |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|--|--|
| 2130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| B | | 35 | | 1186 | |
| BIRTHPLACE | | COUNTY | | CITY | |
| | | Tangipahoa | | | |
| ENUMERATED WITH | | | | | |
| Grandell Albert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L130 | | NAME OF INDIVIDUAL
<i>Lowett Carl</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>12</i> | BIRTHPLACE
<i>Ark.</i> | | E.D.
<i>74</i> | SHEET
<i>41</i> |
| COUNTY
<i>Jackson</i> | | CITY | | | |
| ENUMERATED WITH
<i>Morris, Eli</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>LC</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|-------------------|
| 2135 | | NAME OF INDIVIDUAL
<i>Porter Carlee</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>19</i> | BIRTHPLACE | | E.D.
<i>102</i> | SHEET
<i>7</i> |
| COUNTY
<i>St. Landry</i> | | CITY
<i>Opelousas</i> | | | |
| ENUMERATED WITH
<i>Williams Frank</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|--------------|------------|---------|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 24 | BIRTHPLACE | E.O. 36 |
| | | | | SHEET 7 | |
| COUNTY | | | CITY | | |
| Calcasieu | | | Lake Charles | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 27 | | |
| Ernest | | S | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| L 35 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 66 | BIRTHPLACE | Carter |
| COUNTY | | St. Landry | | CITY | C. L. Kansas |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelia | | W | 26 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|-------------------|
| L132 | | NAME OF INDIVIDUAL
<i>Loftus, Cecile</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>41</i> | BIRTHPLACE | | E.D.
<i>38</i> | SHEET
<i>3</i> |
| COUNTY | | CITY
<i>Lafourche</i> | | | |
| ENUMERATED WITH | | <i>Thibadaux</i> | | | |
| RELATIONSHIP TO ABOVE | | <i>Rice, Helen</i> | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Li</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1510-P61

| | | | | | |
|---|------------------|--|--|-------------------|-------------------|
| L 136 | | NAME OF INDIVIDUAL
<i>Lafette, Celester</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>75</i> | BIRTHPLACE | | E.D.
<i>65</i> | SHEET
<i>8</i> |
| COUNTY
<i>De Soto</i> | | CITY | | | |
| ENUMERATED WITH
<i>Lafette, Manuel L</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input checked="" type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|----------------|-----|------------|-------|
| L 135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | White | AGE | 45 | BIRTHPLACE | Ed 27 |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 39 | | |
| Father | | L | 11 | | |
| Eugene | | L | 13 | | |
| Beatrice | | L | 9 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|------|------------|-------|
| 132 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 2 | 34 | Louisiana, Texas | | 32 | 7 |
| COUNTY | | | CITY | | |
| Jefferson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelia | | W | 25 | | |
| Charles | | S | 3 | | |
| Carmel | | S | 2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----------|------------|--|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 2 | AGE | 50 | BIRTHPLACE | |
| COUNTY | | | Lafourche | | |
| | | | CITY | | |
| | | | Thibodaux | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clothier de | | 2 | 45 | | |
| Annette M. | | S | 23 | | |
| Annie J | | S | 18 | | |
| Ernest O | | S | 16 | | |
| Rafael J | | S | 14 | | |
| Pauline M. | | S | 10 | | |
| Francis C | | S | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| P 134 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 60 | E.D. | 58 |
| | | BIRTHPLACE | | SHEET 5 | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Theresa | | W | 25 | | |
| Theresa | | D | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|----------|
| 5135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 6 | BIRTHPLACE | Franklin |
| COUNTY | | CITY | | Franklin | |
| ENUMERATED WITH | | | | | |
| Johnson Benjamin F | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P41

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2132 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET | |
| 6 | 30 | St. | 52 | 21 | |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | w | 26 | St. | |
| Andrew | | S | 7 | | |
| John | | S | 5 | | |
| Josephine | | D | 3 | | |
| Luisa | | D | 1 | | |
| Mat | | S | 1/2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 57 | | | 82 | 3 |
| COUNTY | | CITY | | | |
| Rapides | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Francis | W | 38 | | | |
| Ellen | D | 26 | | | |
| Bill | S | 17 | | | |
| Houston | S | 18 | | | |
| Florida | S | 17 | | | |
| Lucia | S | 12 | | | |
| Edward | S | 5 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUE

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|-----|------------|
| Jack | S | 5 | |
| Pat | S | 2 | |
| Pat | S | 1 | |
| Layna Hamlett | M | 40 | SC |
| | | | |
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10 6360 4 20 01

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-1910B-F-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2130 | | NAME OF INDIVIDUAL
<i>Lebet Chester</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>82</i> | BIRTHPLACE | | E.O.
<i>82</i> | SHEET
<i>32</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Peter Adria</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P01

| | | | | | |
|--|-----|---|--|--|-------|
| 435 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| IB | 3 | Chasance | | 97 | 24 |
| COUNTY | | CITY | | | |
| | | Morehouse | | | |
| ENUMERATED WITH | | | | | |
| Sumerville Abe | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

(SCHEMATIC 15105-P61)

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| 1135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Wm | 57 | Boston, Clarence | | 27 | 16 |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Winnie | | W | 53 | | |
| Russell, Hester | | Son | 22 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 55 | Lafayette, Clema | | 71 | 7 |
| COUNTY | | De Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Helena | | w | 45 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|-------------------|------------|------|
| 2135 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 39 | Lifton Codrington | | 13 |
| COUNTY | | CITY | | |
| Avoyelles | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dina | W | 30 | | |
| Irvin | D | 12 | | |
| Irma | S | 10 | | |
| Homer | S | 7 | | |
| Mabel | D | 6 | | |
| Ron | S | 16/12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|-----|------------|----------------------|
| 4135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 44 | BIRTHPLACE | LaFayette, Louisiana |
| COUNTY | | Caldwell | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lizzie | W | 40 | Miss | |
| | Jesse | S | 19 | Miss | |
| | Percey | S | 17 | Miss | |
| | Maria | S | 9 | Miss | |
| | Emmett | S | 7 | | |
| | Archib | S | 3 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5136 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 22 | Dan | | 23 | 9 |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 40 | | |
| Lan | | F | 23 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|--------------------------------------|--|-------------------|-------------------|
| 130 | | NAME OF INDIVIDUAL
<i>Sgt Dan</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>73</i> | BIRTHPLACE | | E.D.
<i>23</i> | SHEET
<i>9</i> |
| COUNTY
<i>Iberia</i> | | CITY | | | |
| ENUMERATED WITH
<i>Sgt Dan</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16100-P61

| | | | | | |
|--|---|---|----|---|-----|
| L. 35 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Ark |
| COUNTY | | CITY | | E.D. | 124 |
| ENUMERATED WITH | | Wife | | SHEET | 2 |
| RELATIONSHIP TO ABOVE | | Smith, Benie | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

| | | | | | |
|-------------------------|-----|-------------------|------|------------|-------|
| 4, 32 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 13 | 24 | Leftus L. Douglas | | 87 | 20 |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elaine | | W. | 19 | | |
| Mary | | D | 5 | | |
| Jesse | | D | 3 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|---|------------|---------------|
| L135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| L135 | | L135 | | L135 | |
| COLOR | B | AGE | 16 | BIRTHPLACE | Pointe Coupee |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Marganza | | |
| RELATIONSHIP TO ABOVE | | | Phillips, Frank | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18106-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L132 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 5 | 34 | | | | 7 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | | 25 | | |
| Mary | | 1 | 3 | | |
| Elizabeth | | 5 | 14 | | |
| David | | 5-6 | 17 | | |
| Dorothy | | 0-2 | 15 | | |
| Thomas | | 2-3 | 9 | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|-------------------|------------|-------|
| L130 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 68 | Lafayette, Edward | 71 | 7 |
| COUNTY | | CITY | | |
| Do Not | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | W | 58 | | |
| Antoinette | S | 25 | | |
| Samuel | S | 26 | | |
| Frederick | S | 22 | | |
| Adolphus | S | 18 | | |
| Roush, Robert | S | 23 | | |
| Horton, Allie | Bo. | 34 | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| L 130 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafayette, Edward C. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 38 | | | | |
| COUNTY | | | CITY | | |
| De Soto | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lellie | W | 36 | | | |
| Ernest | A | 15 | | | |
| Bernard | S | 13 | | | |
| Mary | D | 10 | | | |
| Edward | S | 8 | | | |
| Roy | S | 6 | | | |
| Charles | S | 4 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY - CONTINUE

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636a 14-20 611

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

COMMAN-DC 18126-001

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 24 | | 96 | 3 |
| COUNTY | | | CITY | | |
| Red River | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amy | | W | 20 | | |
| Rodney | | S | 3 | | |
| Lance | | D | 2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|-------------|---|-------|
| 8134 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mu. | | 25 | | 23 | 3 |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | Baton Rouge | | |
| ENUMERATED WITH | | | | | |
| Cross Handy | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input checked="" type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S.H. | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCENS-DC 1910-PS1

| | | | | | |
|---|---|--------------------|------------|-----------|----|
| 2/135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 13 | E.D. | 23 |
| | | BIRTHPLACE | | SHEET 8 | |
| COUNTY | | | Clai borne | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>L135</i> | NAME OF INDIVIDUAL
<i>Laften Effie</i> | | E.O.
<i>1</i> | SHEET
<i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>17</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Bienville</i> | | CITY
<i>Arcadia</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Edgerton & Alis</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18188-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 130 | | HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 40 | | | | |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lula | | W | 37 | | |
| Hiram | | S | 9 | * | |
| E. J. Moore | | D | 8 | | |
| Louisa | | D | 7 | | |
| Nathaniel | | S | 5 | | |
| Lettie | | D | 3 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|----------------|--------|------------|----|
| L 32 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | E.D. | 95 |
| | | BIRTHPLACE | Greece | | |
| COUNTY | St. Tammany | | CITY | Ramsay | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 6130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 42 | Mo | 32 | 15 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Maggie G. | | W | 30 | Ala. | |
| Robert E. | | S | 3 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 5/30 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 28 | Hafayette, China | | 53 | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | Luling, Louisiana | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fauquier, John | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS


USCOM-DC 1818-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| W 35 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | 96 |
| | | | | SHEET 8 | |
| COUNTY | | | CITY | | |
| Red River | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ira | | S | 17 | | |
| Jale | | S | 15 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|-------|
| 5135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 22 | 33 | Franklin Elizabeth | | 51 | 13 |
| COUNTY | | CITY | | | |
| Franklin | | 7 | | | |
| ENUMERATED WITH | | | | | |
| Robinson Benjamin F | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
 | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| L135 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| 7-2 | | 31 | | 59 | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Mary | | | Baldwin | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L134 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| a | 42 | | 52 | 3 |
| COUNTY | | CITY | | |
| Calcasieu | | Jennings | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 2nd Cook | | | | |
| 1 1st Cook | | | | |
| 1 Porter | | | | |
| 2 waiters | | | | |
| 2 maids | | | | |
| 1 Landlady | | | | |
| 1 Night Clerk | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

10 Bo
4 Roomers

| | | | | | |
|--|--|---|------------|---|-------|
| 2/30 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 26 | | 104 | 41 |
| COUNTY | | | CITY | | |
| Terrebonne | | | Houma | | |
| ENUMERATED WITH | | | | | |
| Claudellie Leontine | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 32 | Pointe Coupee | | 75 | 1 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 ² Laura | | W | 23 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|----|------------|-----------------|
| L 130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | E.D. 65 SHEET 3 |
| COUNTY | | De Soto | | CITY | |
| ENUMERATED WITH | | | | | |
| Walpole Henry J | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P81

| | | | | | |
|--|----|---|----|---|-------|
| 2130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LABODIE Elnora | | E.D. | | SHEET | |
| COLOR | 13 | AGE | 20 | BIRTHPLACE | 736 7 |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | Abbeville | | | |
| RELATIONSHIP TO ABOVE | | Luther J. H. | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL
<i>Lebeaud Elphège</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>15</i> | E.O.
<i>68</i> | SHEET
<i>21</i> |
| BIRTHPLACE | | | |
| COUNTY
<i>St. James</i> | | CITY | |
| ENUMERATED WITH
<i>Lebeaud Ernest</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 10190-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5735 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | | | | 7 | 1 |
| COUNTY | | St. Mary | | CITY | |
| | | | | Lafayette | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. John | | 2 | 31 | | |
| 2. Mary | | 1 | 28 | | |
| 3. Robert | | 10 | 13 | | |
| 4. William | | 10 | 7 | | |
| 5. John | | 10 | 31 | | |
| 6. Mary | | 10 | 17 | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 45 | | 64 | 11 |
| COUNTY | | | De Soto | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Foster | | S | 13 | | |
| Leon | | S | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 7134 | | HEAD OF FAMILY | | LOUISIANA | |
| LABDELL, Emma | | E.D. | | SHEET | |
| 137 | | 8 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 36 | Texas | | | |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|---|--|--|------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2135 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR B | | AGE 5 | | E.D. 33 SHEET 12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Calcasieu | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lazeme, Alfred | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | |
|--|--|
| LOUISIANA | |
| 1130 | NAME OF INDIVIDUAL <i>Lafitte Emma</i> |
| COLOR <i>W</i> | AGE <i>76</i> BIRTHPLACE <i>La</i> |
| COUNTY <i>Natchitoches</i> | CITY <i>Natchitoches</i> |
| ENUMERATED WITH <i>Chaplin C. C. Sr</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-701

| | | | | | |
|--|---|--------------------|------|------------|----|
| 2135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lester Emma L | | E.O. | | SHEET | |
| COLOR | W | AGE | 11 | BIRTHPLACE | 22 |
| COUNTY | | | CITY | | |
| Clai borne | | | | | |
| ENUMERATED WITH | | | | | |
| Anglin David S | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 72 | | 23 | | 38 | 1 |
| COUNTY | | | CITY | | |
| Lafourche | | | Thibodaux | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mabel F | | W | 22 | | |
| Emmanuel G | | S | 15 | | |
| Wade J | | S | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|--|-------|
| 430 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 15 | | 93 | 2 |
| BIRTHPLACE | | | | | |
| COUNTY | | Morehouse | | CITY | |
| | | | | Man Rouge | |
| ENUMERATED WITH | | | | | |
| Eckin, George S | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-501

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|---------------|------------|------------|
| 2130 | Robert Ernest | E.D. 65 | SHEET 21 |
| COLOR
W | AGE
38 | BIRTHPLACE | |
| COUNTY | St. James | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Felicia | W | 29 | |
| Louisa | D | 16 | |
| Annelle | D | 12 | |
| Allen | S | 9 | |
| Ellis | S | 6 | |
| Carmelia | D | 4 | |
| Josephine | D | 2 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L130 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 27 | Lafayette, Ernest | | 65 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| De Soto | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Holder, James | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lived Alone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18195-P61

| | | | | | | | |
|-------------------------|-----------|----------------|--|--------------------------|--------------|-----------|--|
| <i>K. 30</i> | | HEAD OF FAMILY | | <i>Lafette, Ernest M</i> | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | |
| <i>W</i> | <i>25</i> | | | <i>65</i> | <i>8</i> | | |
| COUNTY | | <i>De Soto</i> | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | BIRTHPLACE | | |
| <i>1 Flossie</i> | | <i>W</i> | | <i>20</i> | <i>Miss.</i> | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|--|-------------------|
| L135 | | NAME OF INDIVIDUAL
<i>Lofton James</i> | | LOUISIANA | |
| COLOR
<i>W</i> | | AGE
<i>33</i> | BIRTHPLACE | | E.D.
<i>61</i> |
| COUNTY
<i>Grant</i> | | CITY | | | |
| ENUMERATED WITH
<i>Lofton Hiram G.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Si</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 5130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 45 | | 81 | 18 |
| COUNTY | | | CITY | | |
| the D. | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sidney | | S | 28 | | |
| Amelia | | M | 65 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|--|-------------------|
| 8130 | | NAME OF INDIVIDUAL
<i>Levet Felix</i> | | LOUISIANA | |
| COLOR
<i>W</i> | | AGE
<i>76</i> | | E.D.
<i>79</i> | SHEET
<i>1</i> |
| COUNTY
<i>St. John the Baptist</i> | | CITY | | | |
| ENUMERATED WITH
<i>Bacarr Alcindre</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

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| 8130 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 55 | BIRTHPLACE | Felcity | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Do Soto | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafitte J. P. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 435 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | ED. | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 6 | | 87 | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | CITY | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Morphouse | | 25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suessville Abe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L130 | | NAME OF INDIVIDUAL
<i>Levet, Ferdinand J</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | | AGE
<i>32</i> | BIRTHPLACE | E.D.
<i>69</i> | SHEET
<i>26</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. James</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Rome, Floren</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHER</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 1135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 37 | Miss Grant | | 61 | 12 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lilly | | W | 2 | | |
| Mellie | | W | 2 | | |
| Willie | | S | 3 | | |
| Thiam | | S | 2 | | |
| Emellie | | W | 4 | | |
| Miss Grant | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---------------------------|-----|----------------|-----|------------|-------|
| 3.5 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 37 | H.C. | | 45 | 6 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wiley, William | | | | | |
| and 2 boarders | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 5735 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 26 | | 96 | 3 |
| COUNTY | | CITY | | |
| Red River | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. Dicy | W | 29 | Ala | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|--|-----------|--|
| 235 | | HEAD OF FAMILY | | LOUISIANA | |
| W | | AGE | | E.D. | |
| 20 | | BIRTHPLACE | | 96 | |
| COUNTY | | CITY | | SHEET | |
| Red River | | | | 5 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | | AGE | |
| Anne | | W | | 22 | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 130 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Levitt Frank | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 19 | Missouri | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| William Thomas C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | | | | |
|--|------------------|---|--|---|--------------------|
| L130 | | NAME OF INDIVIDUAL
<i>Lewis, Frank</i> | | E.D.
<i>114</i> | SHEET
<i>29</i> |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE
<i>St.</i> | | | |
| COUNTY
<i>Tangipahoa</i> | | CITY | | | |
| ENUMERATED WITH
<i>Plus, Dick</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

| 2. 30 | | HEAD OF FAMILY | | Frank Sr. | | E.D. | SHEET |
|-------------------------|------------------|----------------|------------|-----------|-------------|------|-------|
| COLOR | AGE | BIRTHPLACE | | | | | |
| White | 36 | Miss | | | | | 20 |
| COUNTY | East Baton Rouge | | | CITY | Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | | |
| Eveline | W | 30 | | | | | |
| Frank Jr. | S | 11 | | | | | |
| John | S | 6 | | | | | |
| Victoria | D | 10 | | | | | |
| Julius | P | 13 | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|-----------|--------------------------------|------------------|
| L135 | | HEAD OF FAMILY
Lufton, Fred | E.D. 87 SHEET 24 |
| COLOR
w | AGE
37 | BIRTHPLACE
Oregon | |
| COUNTY
St. Helena | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE |
| / | Emma | w | 24 |
| | Cora | d | 3 |
| | | | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-----|----------------|-----|------------|-------|
| 7-30 | | Lafayette Fred | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| Man | 28 | | | | |
| COUNTY | | CITY | | | |
| Iberville | | Cottier | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lena | | W | 35 | | |
| Ella | | D | 5 | | |
| Edna | | D | 4 | | |
| Rosalie | | D | 1 | | |
| Roger Nancy | | HL | 54 | Miss | |
| Lionel Duke | | SIL | 19 | Miss | |
| Lester | | SIL | 15 | Miss | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|---|-------|
| L132 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mu | | 32 | | 101 | 1 |
| COUNTY | | | CITY | | |
| Red River | | | | | |
| ENUMERATED WITH | | | | | |
| Hall Abe | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 18185-P61

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| 3. | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mm | 25 | Lafayette Gabriel | | 75 | 1 |
| COUNTY | | Vente Couple | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Margaret | | W | 23 | | |
| Louise | | D | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2132 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 30 | | 35 | 37 |
| COUNTY | | | CITY | | |
| Pointe Coupee | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Augusta | | W | 30 | | |
| Lillian | | D | 7 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|-----------|----------------|----|----------------|-----|------------|-------|
| 435 | | HEAD OF FAMILY | | Laftin, George | | E.O. | SHEET |
| 95 | | 23 | | | | | |
| COLOR | B | AGE | 20 | BIRTHPLACE | | | |
| COUNTY | Red River | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ronalil | | | | W | 22 | | |
| and, lodger | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|------|------------|-------|
| 2735 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lafayette, George | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 40 | | | | |
| COUNTY | | CITY | | | |
| Lincoln | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Victoria | | M | 24 | | |
| Luther | | S | 3/12 | | |
| Moore, William | | B | 30 | | |
| Mary | | S | 28 | | |
| Elizabeth | | W | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|----------------|----------------|------------|-------|
| L 135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 24 | Lafayette, La. | 81 | 14 |
| COUNTY | | | CITY | | |
| Rapides | | | Acadiana | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lumpkin | W | 20 | | |
| | Nease | D | 1 | | |
| | Wheat | S | 3/2 | | |
| | Effie Allen | S | 13 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------------|--|----|
| L 135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 15 | E.D. | 26 |
| | | BIRTHPLACE | | SHEET | 22 |
| COUNTY | | | Averyelles | | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| James Sam | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS. | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

| | | | | | |
|--|--|---|------|--|-------|
| L130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| B | | 5 | | 86 | 13 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| ENUMERATED WITH | | | | | |
| Randle, John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> <u>Other</u> (Specify)
SS | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| L 130 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 58 | | | 39 | 31 |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| E. Christine | W | 51 | | | |
| Edouard | S | 29 | | | |
| Armand | S | 25 | | | |
| Edman | S | 18 | | | |
| Celina | D | 16 | | | |
| Ernesta | D | 12 | | | |
| Judith | D | 11 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|--------|------------|--|
| K-30 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafitte George | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| u | 34 | | | | |
| COUNTY | | CITY | | | |
| Grant | | Rockelle | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cora | | u | 30 | | |
| George | | f | 10 | | |
| Jke | | f | 8 | | |
| Laida | | S | 16 | | |
| Loula May | | S | 17 1/2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|--------|------------|-------|
| L132 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lastin George | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 30 | 729 | | | |
| COUNTY | | CITY | | | |
| Richland | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Jennie | | W | 25 | Miss | |
| Katie S | | W | 18 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 61 | | 42 | 31 |
| BIRTHPLACE | | England | | | |
| COUNTY | | Calcasieu | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Robert H. | | 5 | 20 | Missouri | |
| and three other persons | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 2735 | | HEAD OF FAMILY | | LOUISIANA | |
| LABATION, George | | E.D. | | SHEET | |
| COLOR | W | AGE | 45 | BIRTHPLACE | |
| COUNTY | | Iberia | | CITY | |
| | | | | New Iberia | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Fessie G | | W | 36 | | |
| Gayle, Cassie | | M L | 61 | Miss | |
| Fessie, Frances | | A | 52 | Miss | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| 16 | 50 | Ala | 144 | 8 | |
| COUNTY | | West Carroll | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary B | | W | 24 | Miss | |
| Maryetta | | D | 16 | Miss | |
| Lillian A | | D | 16 | Miss | |
| Herman | | S | 5 | Miss | |
| Lillian | | D | 12 | Miss | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2-130
COLOR B | | NAME OF INDIVIDUAL
Larritt, Gertrude | | E.D.
56 | SHEET
1 | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE 3 | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Plaquemines CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0184-DC 18188-P61

| | | | | | |
|--|--|---|--|--|-------------------|
| L 30
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>Labadie, Gilbert M</i> | | E.D.
<i>103</i> | SHEET
<i>4</i> |
| AGE
<i>21</i> | | BIRTHPLACE | | | |
| COUNTY
<i>St. Tammany</i> | | CITY | | | |
| ENUMERATED WITH
<i>Bennett, James</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>ss</i> | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| 135 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 15 | | | 55 | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Backsg... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Osborn, Ella | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|--|---|--------------------|----|------------|-------------|
| 730 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | Q | AGE | 19 | BIRTHPLACE | Lefty Harry |
| COUNTY | | Jefferson | | CITY | |
| ENUMERATED WITH | | | | | |
| Josephine Aristide | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| 2130 | | NAME OF INDIVIDUAL
<i>Lafitte</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
(W) | AGE
16 | BIRTHPLACE
<i>Ha the</i> | | E.D.
66 | SHEET
6 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>De Soto</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lafitte J. P.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>ndi</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ndi</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ndi</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|-------|
| L135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| B | 11 | | | 108 | 27 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Jackson, Henry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Step-daughter | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|---------------|
| 35 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | Loftin, Henry |
| COUNTY | Red River | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Robert | | W | 16 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|---------------|------------|------------|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| Wm | | 48 | Lauder, Henry | | 52 2 |
| COUNTY | | | CITY | | |
| Iberville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| 2135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 27 | | | 44 | 31 |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18195-P61

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| 4136 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| White | 58 | Lafayette, Henry | | 59 | 5 |
| COUNTY | | CITY | | | |
| St. Bernard | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Martha | | W | 45 | | |
| Henry | | S | 5 | | |
| James, Saline | | W | 20 | Mass | |
| William Robert | | S.S | 11 | | |
| S. L. L. | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----------|------------|-------|
| L13c | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 25 | | | 27 | 15 |
| COUNTY | | CITY | | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. <i>Wanda</i> | | <i>W</i> | <i>28</i> | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|-----------|--|-------|
| L/30 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Labit Henry | | E.D. | SHEET |
| COLOR | W | AGE | 73 | 136 | 32 |
| | | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| Vermillion | | | Abbeville | | |
| ENUMERATED WITH | | | | | |
| Labit Joe T | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1909B-P61

| | | | | | |
|-----------------------------|--|----------------|------------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| M | | 22 | Miss | 32 | 11 |
| COUNTY | | | CITY | | |
| Concordia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| H. & White & Co. Levee Camp | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| L 130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 9 | 8 | | | 85 | 19 |
| COUNTY | | Natchitoches | | CITY | |
| ENUMERATED WITH | | | | | |
| Jimmison, George | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>SGS</u> </div> </div> | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18185-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 4/30 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 11 | | 24 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Boria | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Haverhill | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loret Liza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 130 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| La Fayette Herman | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 16 | | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bienville | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harger Duck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WIDOWER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIDOWER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIDOWER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 4135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 3 | | 36 | Mass | 61 | 2 |
| COUNTY | | | CITY | | |
| Grant | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wanda | | W | 18 | Tex | |
| Earl | | S | 1 | | |
| Fannie | | S | 33 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| L135 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--|----------------|------------|------------|-------|
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 28 | | 13 | 4 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ruth | | W | 24 | | |
| Arnette M. | | D | 8 | | |
| Magina | | D | 7 | | |
| Coker | | D | 5 | | |
| Aaron | | S | 3 | | |
| Lula | | D | 6 1/2 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|------------|
| 2135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 4 | BIRTHPLACE | St. Landry |
| COUNTY | | CITY | | St. Landry | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16196-P61

| LOUISIANA | | E.O. | SHEET |
|-------------------------|----------------|------------|------------|
| L. 30 | HEAD OF FAMILY | 66 | 6 |
| | Lafitte J. P. | | |
| COLOR | AGE | BIRTHPLACE | |
| W | 37 | | |
| COUNTY | CITY | | |
| De Soto | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Cecelia | W | 35 | |
| Musl | D | 11 | |
| Edward | S | 7 | |
| Sarah | D | 1 | |
| Felicity | M | 55 | |
| Maudie | S | 18 | |
| Arthur | S | 16 | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

10 6360 14 21 81.

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15198-P01

LOUISIANA

| | | | | |
|--|--|---|-------------------|--------------------|
| 2130 | NAME OF INDIVIDUAL
<i>Lafette Ida</i> | | E.D.
<i>68</i> | SHEET
<i>18</i> |
| COLOR
<i>W</i> | AGE
<i>36</i> | BIRTHPLACE | | |
| COUNTY
<i>De Soto</i> | | CITY | | |
| ENUMERATED WITH
<i>Marion Ned</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>C</i> | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

| | | | LOUISIANA | |
|-------------------------|-----------|----------------|-----------|------------|
| 195 | | HEAD OF FAMILY | | E.D. 9 |
| Loftin Isaac | | | | SHEET 15 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 25 | | | |
| COUNTY | Calcasieu | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Laura | | W | 25 | Tex |
| Capps Oliver | | B L | 16 | Tex |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--|--------------|---------|
| 8130 | HEAD OF FAMILY
<i>Leffette, Isaac</i> | | E.D. 76 |
| COLOR
W | AGE
20 | BIRTHPLACE | |
| COUNTY
De Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE |
| 1 | <i>Mary</i> | W | 18 |
| | | | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 430 | NAME OF INDIVIDUAL
<i>Laffitte, Isaac</i> | | E.D. SHEET
71 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>De Soto</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Ramben, Charles A.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCORM-DC 18198-P81

| LOUISIANA | | | |
|-------------------------|----------------|------------|--------------|
| L 130 | HEAD OF FAMILY | | E.D. 11 |
| | Lohit J. C. | | SHEET 15 |
| COLOR | AGE | BIRTHPLACE | |
| W | 47 | Idia | |
| COUNTY | Acadia | | CITY Crowley |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Anna | w | 47 | Idia |
| Ben | s | 25 | |
| Justus | s | 19 | |
| Frank | s | 17 | |
| Hazel | d | 16 | |
| Dot | d | 10 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-------------------------------|------------|-------------|-------------|
| 2130 | HEAD OF FAMILY
Labit J. B. | | E.D.
139 | SHEET
13 |
| COLOR
W | AGE
61 | BIRTHPLACE | | |
| COUNTY
Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emila | W | 40 | | |
| Pear | S | 33 | | |
| Granville | S | 17 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|--------------|------|
| R130 | HEAD OF FAMILY | | E.D. |
| | Labat, J. I. | | 60 |
| COLOR | AGE | BIRTHPLACE | |
| W | 58 | | |
| COUNTY | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| Leora | | W | 29 |
| Eun E | | S | 16 |
| James J. | | S | 15 |
| Mitchel | | S | 14 |
| Bertha May | | D | 13 |
| Williams, Susie | | S D | 9 |
| 1, Ether | | S D | 7 |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME

RELATION-
SHIP

AGE

BIRTHPLACE

Subst. Survey

5

3

FORM 10-634e (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P01

LOUISIANA

| | | | | | |
|---|------------------|--|--|---|--------------------|
| L 135 | | NAME OF INDIVIDUAL
<i>Lefton Jack</i> | | E.D.
<i>5</i> | SHEET
<i>13</i> |
| COLOR
<i>W</i> | AGE
<i>60</i> | BIRTHPLACE | | | |
| COUNTY | | Bienville | | CITY | |
| ENUMERATED WITH
<i>Wasser Lawrence G</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | | <input type="checkbox"/> NEPHEW | | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | | <input type="checkbox"/> NIECE | | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | | <input type="checkbox"/> FATHER-IN-LAW | | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | | <input type="checkbox"/> MOTHER-IN-LAW | | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | | <input type="checkbox"/> SON-IN-LAW | | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | | <input type="checkbox"/> DAUGHTER-IN-LAW | | <input checked="" type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | | <input type="checkbox"/> BROTHER-IN-LAW | | <i>Shird Man</i> | |
| <input type="checkbox"/> UNCLE | | <input type="checkbox"/> SISTER-IN-LAW | | | |

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18198-P61

PRODUCT OF

Hamington Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
BRANCHES EVERYWHERE

Soundex
QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | l | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| 4130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 51 | BIRTHPLACE | Italy |
| COUNTY | | JACKSON | | CITY | |
| | | Eros | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Francesco | | W | 41 | Italy | |
| 2. Giuseppe | | S | 19 | Italy | |
| 3. Ignazio | | S | 16 | Italy | |
| 4. Leonard | | D | 7 | Italy | |
| 2 Bo. | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| B | | 23 | | 78 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 6 | |
| COUNTY | | | | CITY | |
| Rapides | | | | Alexandria | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Isabel | | H | 21 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|-----|
| L135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 22 | E.D. | 149 |
| | | BIRTHPLACE | | SHEET 27 | |
| COUNTY | | Vernon | | CITY | |
| ENUMERATED WITH | | Fullerton | | | |
| RELATIONSHIP TO ABOVE | | Ivana, Will | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> BOOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC64M-DC 18108-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 29 | | | 121 | 12 |
| COUNTY | | Webster | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Matilda | | W | 27 | | |
| Frank | | S | 10 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| 5135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Joseph |
| COUNTY | | Catahoula | | CITY | Lake Charles |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adelia | | W | 33 | | |
| Albert | | S | 12 | | |
| Lama | | D | 10 | | |
| Lorene | | D | 7 | | |
| Henriette | | D | 4 | | |
| Cecile | | D | 2 | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|------|-------------------|--------------------|
| L135 | | NAME OF INDIVIDUAL
<i>Laughton James</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>45</i> | BIRTHPLACE | | E.D.
<i>88</i> | SHEET
<i>14</i> |
| COUNTY
<i>St. Mary</i> | | | CITY | | |
| ENUMERATED WITH
<i>Robert James Laughton</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 2-135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 34 | BIRTHPLACE | |
| | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Belia | | W | 26 | | |
| Johnnie | | S | 16 | | |
| William | | S | 8 | | |
| Nelson | | S | 6 | | |
| Herman | | S | 7 | | |
| Octavia | | S | 2 | | |
| Gustave | | S | 2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | |
|-------------------------|--------------|--------------|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>James</i> | <i>S</i> | <i>7 1/2</i> | |
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FORM 10-636e (4-20-81)
1910 CENSUS INDEX

FORM 10-636b 14-20-81

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE: 1969-0-381

15108-1/51

| | | | | | |
|-------------------------|-----|-----------------|-------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 40 | Safayette James | | 28 | 16 |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | Eggen | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| William | | W | 38 | | |
| Cornelia | | D | 16 | | |
| Veronica | | S | 17 | | |
| Howard | | S | 10 | | |
| Easment | | S | 7 | | |
| and 1 boarder | | | | | |

FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 24 | | 39 | 6 |
| COUNTY | | | CITY | | |
| Eass Carroll | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Emma | | W | 34 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|------------------|
| L 130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | BIRTHPLACE | Lafayette, James |
| COUNTY | | De Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Emily M | W | 49 | | |
| | Zephania | D | 21 | | |
| | Bennie | D | 16 | | |
| | Eula | D | 13 | | |
| | Leonard L | D | 11 | | |
| | Larry | D | 7 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 45 | N. Car | 19 | 13 |
| COUNTY | | | CITY | | |
| | | | gipahog | Hammond | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Helen | | w | 40 | N. Car | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------|----------------|------|------------|--|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| | W 30 | Miss | 95 | 24 | |
| COUNTY | | Red River | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ada | | W | 23 | | |
| Mattie | | d | 5 | | |
| Henry | | s | 3 | | |
| Avery | | s | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----------|------------|----|
| X 135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 60 | E.D. | 96 |
| | | BIRTHPLACE | Ala | SHEET | 7 |
| COUNTY | | | Red River | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Screepta | | W | 58 | D.C. | |
| Leland | | S | 19 | | |
| Malinda | | D | 19 | | |
| Gurney | | D | 16 | | |
| L. L. M. | | | | | |
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FORM 18-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|-----------------|---|------|
| 435 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | E.D. |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Red River | | |
| RELATIONSHIP TO ABOVE | | | harris, John W. | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
H.M. | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| L 32 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 85 | BIRTHPLACE | France |
| COUNTY | | St. Tammany | | CITY | Abite Springs |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Distraville, Jean | | SL | 44 | France | |
| Marie L | | D | 49 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| L 130 | NAME OF INDIVIDUAL Lafat Jennie |
| COLOR B | E.D. 87 |
| AGE 10 | SHEET 12 |
| BIRTHPLACE | |
| COUNTY | CITY Natchitoches |
| ENUMERATED WITH Edwards, John | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 230 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | 32 | Tex | 44 | 41 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fulton Tom W. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|---------------|--------------------------------------|-----------|----------------|----------------|
| <i>L135</i> | | HEAD OF FAMILY <i>Lofton, Jessie</i> | | LOUISIANA | |
| COLOR <i>B</i> | AGE <i>23</i> | BIRTHPLACE | | E.D. <i>27</i> | SHEET <i>4</i> |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Celeste</i> | | <i>W</i> | <i>22</i> | | |
| <i>Pugh</i> | | <i>S</i> | <i>2</i> | | |
| <i>Earna</i> | | <i>D</i> | <i>1</i> | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | |
|--|--|---|--|--|--|---------|
| 5135
COLOR | | NAME OF INDIVIDUAL
<i>Lofton Jimmy</i> | | LOUISIANA
E.D. 147 | | SHEET 1 |
| 40
AGE 15 | | BIRTHPLACE | | | | |
| COUNTY
Verdon | | CITY | | | | |
| ENUMERATED WITH
<i>James Edmund V.</i> | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
Brother (Specify)
<i>Child raised</i> | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| | | | | | |
|--|--|---|------------|---|-------|
| 435 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 22 | Tex | 96 | 1 |
| COUNTY | | | CITY | | |
| St. Tammany | | | Covington | | |
| ENUMERATED WITH | | | | | |
| Cooper William D. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16189-P-61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------|
| L. 35 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 33 | BIRTHPLACE | Lefton Joe |
| COUNTY | | CITY | | E.D. | SHEET |
| | | | | 74 | 20 |
| Do Soto | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alberta | | W | 24 | | |
| Mollie | | M | 76 | Ala. | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|------------|------|
| 9130 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. |
| W | 30 | Kallitoe Joe | | 111 |
| COUNTY | | SABINE | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Walter | W | 26 | | |
| Lillie M | D | 7 | | |
| Sam | S | 4 | | |
| Denith | S | 1 1/2 | | |
| | | | | |
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FORM 10-436 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|--------|
| L132 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Italy |
| COUNTY | | East Feliciana | | CITY | Wilson |
| ENUMERATED WITH | | | | | |
| Walter Benson | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WMA TE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. SHEET |
| W | 54 | Italy | 56 5 |
| COUNTY | | CITY | |
| Iberville | | Plaquemine | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Josephine | W | 44 | Italy |
| Louise | S | 22 | Italy |
| Vincent | S | 16 | Italy |
| Sarah | S | 1 | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| 5/30 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | U | AGE | 37 | BIRTHPLACE | Joe |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| + 1/20 | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 72 | Chal borno | 20 | 11 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Sarah | | W | 68 | Miss | |
| Harper Allen | | BS | 10 | Ala | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------------|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2.30 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 25 | E.D. | 36 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | 42 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Lake Charles | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | Hopes, Edward L. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10195-P-61

| | | | | | |
|-------------------------|---------|----------------|-----|------------|----------------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 28 | BIRTHPLACE | Lafayette, Lae |
| COUNTY | | Madison | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Bertha | W | 22 | Miss | |
| | Evelina | D | 6 | | |
| | A. B. | S | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|---------|------------|----|
| L. 30 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 21 | E.D. | 76 |
| | | BIRTHPLACE | SHEET 5 | | |
| COUNTY | | | CITY | | |
| De Soto | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Butia | | W | 21 | | |
| Mabel | | D | 2 | | |
| Blanche | | D | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L1 30

| | | | | | |
|--|-----|--|--|--|-------|
| A130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 30 | | | 19 | 10 |
| COUNTY | | CITY | | | |
| East Baton Rouge | | Baton Rouge | | | |
| ENUMERATED WITH | | | | | |
| Curtis Levy O. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| | | | | | |
|-------------------------|-------------|----------------|------|------------|--|
| 2,30 | | HEAD OF FAMILY | | LOUISIANA | |
| La Bat John | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 49 | France | | | |
| COUNTY | St. Tammany | | CITY | | |
| Bournington | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Justine | | W | 45 | France | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|---------------------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L130 | | NAME OF INDIVIDUAL
<i>Lafite, John</i> | | LOUISIANA
E.O.
<i>101</i> | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>mu</i> | AGE
<i>43</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Tammany</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Trasaway Daniel</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16105-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.D. | SHEET | | |
| 5130 | 23 | 30 | |
| COLOR | AGE | BIRTHPLACE | |
| Wm | 50 | Iberia | |
| COUNTY | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Margaret | W | 36 | |
| Sally | D | 13 | |
| Celine | D | 6 | |
| Eliza | D | 15 | |
| Pauline | D | 5 | |
| Mary | D | 2 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | |
|-------------------------|----------------|--------------|-------------|------------|------|-------|
| L130 | HEAD OF FAMILY | | Lavaty John | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | | |
| B | 25 | | | | | |
| COUNTY | | | CITY | | | |
| Calcasieu | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Sally | | W | 20 | | | |
| Lessie | | D | 10 1/2 | | | |
| | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|----|---------------|----------------|
| L30 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | E.D. 7 SHEET 1 |
| COUNTY | | Assumption | | Napoleonville | |
| ENUMERATED WITH | | Carmick, Hypolite | | | |
| RELATIONSHIP TO ABOVE | | <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Hired Man | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15C01M-DE 1910S-P81

15105-P81

2130

HEAD OF FAMILY *Lewis John*

LOUISIANA

COLOR *W* AGE *28* BIRTHPLACE *John* E.D. *81* SHEET *17*

COUNTY *S. John Co.* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|---------------|------------|
| <i>Oliver</i> | <i>W</i> | <i>23</i> | |
| <i>Lemay</i> | <i>S</i> | <i>3</i> | |
| <i>Conni</i> | <i>D</i> | <i>1 6/12</i> | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2130

HEAD OF FAMILY

| | | | | | |
|-------------------------|---|----------------|------|------------|--------|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | John A |
| | | | | ED | 3 |
| | | | | SHEET | 1 |
| COUNTY | | | | | |
| Bienville | | | CITY | | |
| Gibland | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mathie A | | W | 53 | N.C. | |
| Sellers Minnie | | D | 23 | | |
| Loften William W | | S | 18 | | |
| 1 Mary M | | D | 15 | | |
| Sellers Joseph M | | S-L | 33 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2135 | HEAD OF FAMILY |
|------|----------------|

| | | | |
|-------------------------|-------------------|-------------|------------|
| L130 | HEAD OF FAMILY | LOUISIANA | |
| COLOR
W | NAME
Lafayette | AGE
49 | E.D.
76 |
| | BIRTHPLACE | SHEET
10 | |
| COUNTY | | CITY | |
| Do Soto | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Fannie F. | W | 38 | |
| Robert W. | S | 27 | |
| John J. | S | 22 | |
| Anna | D | 21 | |
| Jessie A. | S | 19 | |
| Willie E. | S | 14 | |
| Emmet M. | S | 16 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------|--------------|-----|------------|
| 6 Ethel F. | D | 14 | |
| George R. | S | 12 | |
| Joseph J. | S | 10 | |
| Lillie M. | D | 8 | |
| Thomas L. | S | 5 | |
| Lubie J. | D | 2 | |
| | | | |
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| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM:DC 15196-P61

| | | | | | |
|-------------------------|--|----------------|--------------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 34 | Natchitoches | 84 | 23 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| William | | W | 25 | | |
| Elizabeth | | W | 6 | | |
| Lester | | 2 | 6 | | |
| Lester | | 2 | 6 | | |
| Lester | | 3 | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 53 | E.D. | 110 |
| | | BIRTHPLACE | 7 | | |
| COUNTY | | Sabino | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Somanche | | W | 35 | Texas | |
| Ella | | S | 17 | | |
| Mach | | S | 14 | | |
| Mial | | S | 12 | | |
| Johanne | | S | 6 | | |
| Myrtis | | S | 4 | | |
| Bertha | | S | 2 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|----------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Ark |
| COUNTY | | | Grant | CITY | Rochelle |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Nettie | | w | 21 | Ark | |
| Bessie M. | | d | 3 | 1 | |
| Jno. H. | | s | 1 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-----------------------------|---------------------------------------|--------------|-----------|--------------------|
| L130 | HEAD OF FAMILY
<i>Labat John W</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>50</i> | BIRTHPLACE | | E.D.
<i>108</i> |
| SHEET
<i>16</i> | | | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Mary</i> | | <i>W</i> | <i>50</i> | |
| <i>Alcide</i> | | <i>S</i> | <i>20</i> | |
| <i>Cloris</i> | | <i>S</i> | <i>23</i> | |
| <i>Amalie</i> | | <i>D</i> | <i>21</i> | |
| <i>Emile</i> | | <i>S</i> | <i>18</i> | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---|--|--------|
| 7120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 7 | BIRTHPLACE | Johnie |
| COUNTY | | De Soto | | CITY | |
| ENUMERATED WITH | | | | | |
| Lafette J. P. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
R | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P81

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mrs | 53 | | | 101 | 3 |
| COUNTY | | | CITY | | |
| St. Tammany | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Victoria | | W | 32 | | |
| Gusman Valerina | | Da | 24 | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------------|------------|-------|
| L 130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 25 | Italy | 38 | 31 |
| COUNTY | | | CITY | | |
| Lafourche | | | Thibodaux | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Fannie M | W | 18 | Italy | |
| | Nota Rose | S L | 14 | | |
| 1 | Mary | S | 1/2 | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------------------|------------|------------|
| L130 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
29 | NAME
Laffitte, Joseph | | E.D.
71 |
| COUNTY | | SHEET
13 | | |
| De Soto | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Skille | W | 24 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| w | | 45 | Italy | 152 | 18 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Madam | w | 40 | Italy | |
| | Rosa | D | 16 | / | |
| | Josephine | D | 11 | | |
| | Sam | S | 8 | | |
| | May | D | 6 | | |
| | Anthony | S | 3 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2736 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 21 | | | 23 | 33 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Leona | | W | 19 | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L136 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 47 | | | 40 | 7 |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 40 | | |
| H. H. L. | | S | 15 | | |
| L. L. L. | | S | 2 | | |
| Marguerite | | D | 19 | | |
| Mary | | D | 12 | | |
| Justine | | D | 8 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| A135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 25 | Joseph M | | 64 | 6 |
| COUNTY | | | | | |
| La Salle | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Joseph M | | ✓ | 30 | Texas | |
| John | | ✓ | 6 | " | |
| | | | | | |
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FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|----------------|-----|------------|----------------------|
| L-30 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 51 | BIRTHPLACE | Lafayette, Joseph P. |
| COUNTY | | De Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Lucy C. | W | 46 | | |
| | Joseph C. | S | 19 | | |
| | Benjamin C. | S | 17 | | |
| | Georgia C. | D | 15 | | |
| | Albert D. | S | 12 | | |
| | John C. | S | 8 | | |
| | Cecil | S | 1 | | |

FORM 19-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

and 1 laborer

| | | | | | |
|--|---|--------------------|------------|------------|-------------------|
| 7130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 12 | BIRTHPLACE | E.D. 137 SHEET 14 |
| COUNTY | | | Vermillion | CITY | |
| ENUMERATED WITH | | | | | |
| Buckner, Frank R. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>S-S</u> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | | | |
|-------------------------|---|----------------|-----|---------------|------|-----------|-----|
| L. 130 | | HEAD OF FAMILY | | Labret Joe T. | | LOUISIANA | |
| COLOR | W | AGE | 63 | BIRTHPLACE | | E.D. | 136 |
| COUNTY | | | | Vermillion | CITY | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Luzia | | W | 59 | | | | |
| Naida | | D | 18 | | | | |
| Henry | | B | 73 | | | | |
| W. D. Bo | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--------|---|------|---|-----------------|
| L-130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 23 | BIRTHPLACE | Levit Josephine |
| COUNTY | Acadia | | CITY | Crowley | |
| ENUMERATED WITH | | | | | |
| Green Dennis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Daughter | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15C0144-11C 1910-1961

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L130 | | NAME OF INDIVIDUAL
<i>Lebat Justin</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>25</i> | BIRTHPLACE
<i>La.</i> | | E.D.
<i>113</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Richland</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Isaksonia P. S.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)
<i>workshop</i></td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>workshop</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>workshop</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|-----------------|
| C136 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | E.D. 63 SHEET 9 |
| COUNTY | | Livingston | | CITY | |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input checked="" type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | E.D. | 62 |
| | | BIRTHPLACE | | SHEET | 5 |
| COUNTY | | | CITY | | |
| St. Charles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Fannie | | W | 39 | | |
| Mercier, Marie | | W | 13 | | |
| Albert | | N | 11 | | |
| Darensbourg, Marie | | M | 72 | Mexico | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|-------------|---|------------------|
| L130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 19 | BIRTHPLACE | E.D. 64 SHEET 48 |
| COUNTY | | | St. Charles | CITY | |
| ENUMERATED WITH | | | | | |
| Green Willie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Pa | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | |
|--|---|---|-------------|---|-----------------|
| L 34 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | E.D. 22 SHEET 9 |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | Baton Rouge | | |
| ENUMERATED WITH | | | | | |
| Laddell Wells | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
si | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|--|---|--|----|--|---------------|
| 2135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 17 | BIRTHPLACE | Lafton, Laura |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| Dyler, Mike | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19199-P61

| | | | | | |
|---|---|--------------------|---|------------|----------|
| L135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 1 | BIRTHPLACE | La Belle |
| COUNTY | | CITY | | E.D. | SHEET |
| | | house | | 87 | 28 |
| ENUMERATED WITH | | | | | |
| Summersville Abn | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-44-DC 18198-P41

| | | | | | |
|--|---|---|-----------|---|----|
| 135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 14 | BIRTHPLACE | |
| | | | | E.D. | 78 |
| | | | | SHEET | 6 |
| COUNTY | | | CITY | | |
| Pointe Coupee | | | Morgansza | | |
| ENUMERATED WITH | | | | | |
| Phillips, Frank | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 18-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|---|---|------------|-------------------|--------------------|
| L130 | NAME OF INDIVIDUAL
<i>Lebrand, Libanus</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>8</i> | BIRTHPLACE | E.D.
<i>21</i> | SHEET
<i>14</i> |
| COUNTY
<i>Iberia</i> | | CITY | | |
| ENUMERATED WITH
<i>Elzie, Dade Jr</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

14105-P61

| | | | | |
|---|--|----------------|-------------------|--------------------|
| L-130 | NAME OF INDIVIDUAL
<i>Levit Lelia</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>16</i> | BIRTHPLACE | E.D.
<i>10</i> | SHEET
<i>36</i> |
| COUNTY | | CITY | | |
| ENUMERATED WITH
<i>Acadia</i> | | <i>Crowley</i> | | |
| RELATIONSHIP TO ABOVE
<i>Green Dennis</i> | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. COMM-DC 18105-P61

14105-P61

| | | |
|-------|--------------------|--|
| L-130 | NAME OF INDIVIDUAL | |
|-------|--------------------|--|

15105-P01

| | | | | | |
|---|---|--------------------|----|------------|-----------|
| L130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 20 | BIRTHPLACE | Calcasieu |
| COUNTY | | CITY | | E.D. | 44 |
| | | | | SHEET | 33 |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15105-P01

L130

NAME OF INDIVIDUAL

| | | | | | |
|--|------------------|---|--|-------------------|-------------------|
| L 130 | | NAME OF INDIVIDUAL
<i>Labord, Leon</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | E.D.
<i>19</i> | SHEET
<i>9</i> |
| COUNTY | | CITY
<i>Avoyelles</i> | | | |
| ENUMERATED WITH
<i>Luneau, Welf</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div><input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE</div> <div><input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW</div> <div><input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)</div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|---------------------------------------|
| L 130 | HEAD OF FAMILY
<i>Labord, Leon</i> |
|-------|---------------------------------------|

| | | | | | |
|-------------------------|----------------|--------------|---------------|------------|-------------|
| 2130 | HEAD OF FAMILY | | LABORDE, Leon | | LOUISIANA |
| COLOR
W | AGE
38 | BIRTHPLACE | | E.D.
19 | SHEET
12 |
| COUNTY | | | | | |
| A. C. H. S. | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eunice | | W | 35 | | |
| Emerick | | S | 12 | | |
| Lincy | | S | 8 | | |
| Lissie | | D | 4 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|--------------------|
| 2130 | NAME OF INDIVIDUAL |
|------|--------------------|

| | | | | | |
|--|-----|--------------------|---|-----------|--|
| 8730 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| 4 | 34 | Lafourche | 45 | 11 | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Lafourche | | |
| RELATIONSHIP TO ABOVE | | | Guidry Nelson | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18183-P61

| | | | | | |
|--|---|--------------------|---|------------|---------|
| 125 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 17 | BIRTHPLACE | Leaves |
| COUNTY | | | E.D. | 78 | SHEET 6 |
| ENUMERATED WITH | | | CITY | | |
| Joint Couple | | | Morganza | | |
| RELATIONSHIP TO ABOVE | | | Phillips, Frank | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SD | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 15150-P61

15100-P01

L130 NAME OF INDIVIDUAL *Sancti, Leslie* LOUISIANA

COLOR *W* AGE *3* BIRTHPLACE *50* E.D. *50* SHEET *17*

COUNTY *Iberville* CITY

ENUMERATED WITH *Power, John S.*

RELATIONSHIP TO ABOVE

| | | |
|--|--|--|
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

L135 HEAD OF FAMILY *John S. Power* LOUISIANA

| | | | | | |
|-------------------------|----|----------------|------|------------|--------------|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | Mr | AGE | 30 | BIRTHPLACE | LOfton Lewis |
| COUNTY | | | E.D. | 27 | SHEET |
| | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mrs | | W | 45 | | |
| Weatherman, Ned | | SR | 9 | | |
| Lofton, Sarah | | R | 4 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L135 | HEAD OF FAMILY |
|------|----------------|

2

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------------|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 36 | BIRTHPLACE | Lafayette, Lillie J. |
| COUNTY | | Jackson | | E.D. | 55 |
| | | | | SHEET | 5 |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mattie M. | | D | 18 | | |
| Annie M. | | S | 17 | | |
| Manda J. | | S | 15 | | |
| Andie L. | | S | 6 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1.32

| |
|----------------|
| HEAD OF FAMILY |
|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| 1.30 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 62 | BIRTHPLACE | 24 |
| COUNTY | | Iberia | | CITY | Jeannette |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| May | | Si | 53 | | |
| Henry | | GS | 11 | | |
| Mike | | SS | 9 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 1.30 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---------|----------------|------|------------|------|
| 2130 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | W | AGE | 24 | BIRTHPLACE | Miss |
| COUNTY | Ouchita | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 22 | | |
| Andrew | | S | 2 | | |
| Ezell | | S | 8/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| 8135 | | NAME OF INDIVIDUAL
<i>Loften, Lonnie</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>3</i> | BIRTHPLACE | | E.O.
<i>54</i> | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Jackson</i> | | CITY
<i>Jonesboro</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Valentine, Liza</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Orphan</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 7 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|---|-----|--------------------|------|-----------|-------|
| X135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 12 | Pointe Coupee | | 83 | 23 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 Com. </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----------------------|--------------------------------|--|--|
| 2130 | | NAME OF INDIVIDUAL
<i>Laborde Louise</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>10</i> | BIRTHPLACE | | E.D.
<i>23</i> | SHEET
<i>20</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avoyelles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Papitane Mamull</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify):</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Adopted Child</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify): | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Adopted Child</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Adopted Child</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|------------------|--------------|-----------|------------|
| 5130 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 30 | Italy | 64 | 6 |
| COUNTY | St. Charles CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Maria | W | 46 | Italy |
| | Theresa | D | 7 | |
| | Philomena | | 5 | |
| | Clara | D | 2 | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 4130 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| C130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 23 | Lafayette Louis | | 76 | 10 |
| COUNTY | | CITY | | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Anita | | W | 19 | | |
| Ranger Louis | | C | 13 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------|---|------|---|--------|
| L 30 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | France |
| COUNTY | Lafayette | | CITY | Lafayette | |
| ENUMERATED WITH | | | | | |
| Prilland, Mrs E. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Bo | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P01

| | | | | | |
|---|---------------|---|--|----------------|-----------------|
| K132 | | NAME OF INDIVIDUAL <i>Lebette Louis</i> | | LOUISIANA | |
| COLOR <i>W</i> | AGE <i>28</i> | BIRTHPLACE | | E.D. <i>11</i> | SHEET <i>21</i> |
| COUNTY | | Iberia | | CITY | |
| ENUMERATED WITH <i>Bullet</i> | | | | | |
| RELATIONSHIP TO ABOVE <i>Charles C</i> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> BOOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | |
|------|----------------|
| 2134 | HEAD OF FAMILY |
|------|----------------|

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 2134 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 4 | 86 | | 58 | 8 |
| COUNTY | | CITY | | |
| Iberville | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 4 1 son | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|--------------------------|---|------------|-------------------|-------------------|
| L130 | HEAD OF FAMILY
<i>Salute Louis S</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | E.D.
<i>68</i> | SHEET
<i>6</i> |
| COUNTY
<i>De Soto</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Rose B</i> | <i>W</i> | <i>21</i> | | |
| <i>Mary R</i> | <i>D</i> | <i>12</i> | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|--|---|--|-------------------|-------------------|
| 8130 | | NAME OF INDIVIDUAL
<i>Lafayette Louise</i> | | E.D.
<i>84</i> | SHEET
<i>9</i> |
| COLOR
<i>Wm</i> | AGE
<i>2</i> | BIRTHPLACE | | | |
| COUNTY
<i>Pointe Coupee</i> | | CITY
<i>Greene Roads</i> | | | |
| ENUMERATED WITH
<i>Johnson Mary</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>C</i> | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | |
|--|--|
| LOUISIANA | |
| L130 | NAME OF INDIVIDUAL <i>Laborde, Low</i> |
| COLOR <i>W</i> | E.D. <i>19</i> SHEET <i>13</i> |
| AGE <i>38</i> | BIRTHPLACE |
| COUNTY <i>Avoyelles</i> | CITY |
| ENUMERATED WITH <i>Chauffried John H</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P81

| | | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-----------|---|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| 4130 | | Labat Luke | | 76 | 7 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 33 | St. James | | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Antoinette | W | 30 | | | |
| Lillian | D | 8 | | | |
| Maria | D | 6 | | | |
| Florence | D | 3 | | | |
| Luke Jr. | S | 1 | | | |
| Olinor | C | 16 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|--|--------------|--------------|-------------|
| L130 | HEAD OF FAMILY
<i>Leith Lake Jr</i> | | E.O.
39 | SHEET
19 |
| COLOR
B | AGE
21 | BIRTHPLACE | | |
| COUNTY
East Carroll | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / <i>Leith</i> | | <i>W</i> | <i>17</i> | |
| <i>Leith</i> | | <i>D</i> | <i>6 1/2</i> | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|--|--------------|------------|-------------|
| L 130 | HEAD OF FAMILY
<i>Leath Luke Jr</i> | | E.O.
39 | SHEET
19 |
| COLOR
B | AGE
22 | BIRTHPLACE | | |
| COUNTY
East Carroll | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / <i>Grace</i> | | <i>W</i> | <i>18</i> | |
| <i>Arphelia</i> | | <i>D</i> | <i>7</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|----------------------------|--|------------------------|--------------------|
| <i>L 135</i> | HEAD OF FAMILY
<i>Lofton Luther</i> | | E.D.
<i>120</i> |
| COLOR
<i>B</i> | AGE
<i>28</i> | BIRTHPLACE | |
| COUNTY
<i>T. 1 N. 3</i> | | CITY
<i>Hammond</i> | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Malinda</i> | <i>W</i> | <i>32</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | E.D. | | SHEET | |
|-------------------------|-----|----------------|-----|-------------|--|
| L135 | | HEAD OF FAMILY | | Peter M. M. | |
| COLOR | AGE | BIRTHPLACE | | | |
| | 33 | | | | |
| COUNTY | | Rapides | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillie | | 1 | 28 | | |
| Joe | | 1 | 2 | | |
| Wm | | 1 | 2 | | |
| Eddie | | 1 | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L132 | NAME OF INDIVIDUAL
<i>Leftwich, Mahel</i> | | E.D.
<i>74</i> | SHEET
<i>38</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE
<i>La</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafayette</i> | | CITY
<i>Lafayette</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Baker Elizabeth</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

HACON-DC 1818-231

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L130 | | NAME OF INDIVIDUAL
<i>Lofty Mabel</i> | | E.D.
<i>136</i> | SHEET
<i>23</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Mu</i> | AGE
<i>3</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Abbeville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Adelynd Lorange</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L130 | | NAME OF INDIVIDUAL
<i>Louise Mayhew</i> | | E. D.
<i>50</i> | SHEET
<i>17</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>5</i> | BIRTHPLACE
<i>Iberville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Powers, John S</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

| | |
|--|---|
| LOUISIANA | |
| L/30 | NAME OF INDIVIDUAL <i>Shawett Mantile</i> |
| E.D. 54 | SHEET 41 |
| COLOR <i>B</i> | AGE <i>7</i> BIRTHPLACE |
| COUNTY <i>Jackson</i> | CITY |
| ENUMERATED WITH <i>Morris, Eli</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-----------|------------|
| COLOR | AGE | E.Q. | SHEET |
| W | 48 | 31 | 9 |
| COUNTY Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Virginia | W | 22 | |
| Ludie | D | 5 | |
| Robert L. | S | 7 1/2 | |
| and 1 lodger | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--------------------------|-----------|----------------|-----------|------------|--|
| <i>P</i>
<i>8130</i> | | HEAD OF FAMILY | | LOUISIANA | |
| <i>Lafette, Manuel L</i> | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>W</i> | <i>49</i> | | | | |
| COUNTY | | CITY | | | |
| <i>Do Soto</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Frank M</i> | | <i>S</i> | <i>19</i> | | |
| <i>Foster J</i> | | <i>S</i> | <i>14</i> | | |
| <i>Leone G</i> | | <i>S</i> | <i>12</i> | | |
| <i>Edwin</i> | | <i>M</i> | <i>75</i> | | |
| <i>1 laborer</i> | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L130 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 48 | | | 71 |
| COUNTY | | CITY | | |
| De Soto | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Carine | W | 37 | | |
| Alice | D | 17 | | |
| Rosina | D | 13 | | |
| Thinnie | D | 6 | | |
| Isaac | S | 4 | | |
| Florence | D | 2 | | |
| Marcelle | S | 21 | | |

FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|-----|------------|
| 2135 | HEAD OF FAMILY | | |
| 113 | SHEET | | |
| COLOR | AGE | | |
| B | 38 | | |
| BIRTHPLACE | St. Landry | | |
| CITY | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Caster | S | 23 | |
| Jack | S | 25 | |
| Remus | S | 15 | |
| Nazetta | D | 13 | |
| Soot | S D | 11 | |
| Cost | D | 9 | |
| Brown June | S | 15 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATION-
SHIP

AGE

BIRTHPLACE

| | SHIP | AGE |
|------------------|------|-----|
| Bradley, Leonard | 5 | 16 |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 15100-1067

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L135 | | NAME OF INDIVIDUAL
<i>Loftin Margaret</i> | | E.O.
145 | SHEET
14 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>65</i> | BIRTHPLACE
<i>Miss</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vernon</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Loftin Benjamin J.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

| | | | | | |
|---|------------------|---|--|-------------------|-------------------|
| T. 30 | | NAME OF INDIVIDUAL
<i>Lafayette Marguerite</i> | | E.O.
<i>84</i> | SHEET
<i>9</i> |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE | | | |
| COUNTY
<i>Pointe Coupee</i> | | CITY
<i>New Roads</i> | | | |
| ENUMERATED WITH
<i>Johnson Mary</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>C</i> </div> </div> | | | | | |

FORM 10-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 35 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 3 | | 46 | | 91 | 9 |
| | | BIRTHPLACE | | | |
| COUNTY | | Napides | | CITY | |
| | | | | Boyer | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | S | 21 | | |
| Mina | | S | 18 | | |
| Jane | | S | 16 | | |
| Mrs | | S | 14 | | |
| Lara | | S | 12 | | |
| Walter | | S | 12 | | |
| Kecumell | | S | 5 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------------|-------------------|-----|------------|
| Luckett Lillian | Y D | 4 | |
| Ethel | Y D | 3 | |
| A Anna | Y D | 2 | |
| | | | |
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10-6360 14-20-611

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 44 | Tenn | 39 | 19 |
| COUNTY | | | CITY | | |
| East Carroll | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Matthew | | W | 38 | | |
| Ellis | | D | 20 | | |
| Dorah | | S | 18 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 41 | Miss | 62 | 29 |
| COUNTY | | | CITY | | |
| Grant | | | Rockville | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Enola | | W | 36 | | |
| Walter | | S | ✓ | | |
| Albert M | | S | 2 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| U33 | NAME OF INDIVIDUAL
<i>Lebatat, Mary</i> | | E.O.
<i>128</i> | SHEET
<i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>74</i> | BIRTHPLACE
<i>Ireland</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Tensas</i> | | CITY
<i>Waterproof</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Seddon Mrs. R. L.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SI</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SI</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SI</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------|--------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L/35 | | NAME OF INDIVIDUAL
<i>Lafton, Mary</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>8</i> | BIRTHPLACE | | E.D.
<i>10</i> | SHEET
<i>31</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Joseph, Charles J</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| C135 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 85 | | 137 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| West Baton Rouge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Levy, Celina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P81

| | | | | | |
|--|---------------|---|--|---|----------------|
| L135 | | NAME OF INDIVIDUAL <i>Loftin, Mary</i> | | LOUISIANA | |
| COLOR <i>W</i> | AGE <i>28</i> | BIRTHPLACE | | E.D. <i>116</i> | SHEET <i>1</i> |
| COUNTY <i>Tangipahoa</i> | | CITY <i>Independence</i> | | | |
| ENUMERATED WITH <i>Justice, Calvin</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L-130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 38 | | 133 | 24 |
| BIRTHPLACE | | Ark | | | |
| COUNTY | | Union | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wallace Lou S | | Wife | 20 | Ark | |
| And 1 Bo. | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L130 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| B | 45 | | 152 | 2 |
| COUNTY | | CITY | | |
| West Feliciana | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 William | | S | 12 | |
| Cassidy, Alberta | | D | 8 | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 27 | Miss | | 51 |
| COUNTY | | | CITY | | |
| Franklin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Viola | | W | 25 | Miss | |
| Nelson | | S & | 10 | | |
| May | | D | 4 | | |
| Artice | | S | 2 | | |
| Annate | | D | 8 1/2 | | |
| Welch | | FL | 62 | Miss | |
| Timothy | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-------|------------|-------|
| 1130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 2 | | 27 | | 41 | 21 |
| COUNTY | | BIRTHPLACE | | | |
| East Feliciana | | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 23 | | |
| Cecile | | D | 6 | | |
| Mary J. | | D | 3 | | |
| Allen | | S | 6 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------|------------|--|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| Lebat, Mathew H. | | E.D. | | SHEET | |
| COLOR | W | AGE | 35 | BIRTHPLACE | |
| COUNTY | Rapides | | CITY | Alexandria | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Earl | | S | 16 | | |
| Carrel | | D | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------------------|------------|-------|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| Lester | | Matt | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 38 | 7 |
| B | 55 | | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | Lake Charles City | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Martha | | W | 34 | | |
| / Sammett | | W | 9 | | |
| / Clifford | | W | 5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| P-36 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 16 | 46 | | | 89 | 15 |
| COUNTY | | CITY | | | |
| Natchitoches | | | | | |
| ENUMERATED WITH | | | | | |
| Raymond James E | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input checked="" type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> IMMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | |
|--|---|
| LOUISIANA | |
| 8130 | NAME OF INDIVIDUAL <i>Lafitte Mande</i> |
| COLOR <i>W</i> | E.D. <i>66</i> SHEET <i>6</i> |
| AGE <i>18</i> | BIRTHPLACE |
| COUNTY <i>De Soto</i> | CITY |
| ENUMERATED WITH <i>Lafitte J. P.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>Si</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | | | | | |
|---|--|---|-------------------------|--|--------------------|
| 373C
COLOR B | | NAME OF INDIVIDUAL
Loet Mike | | E.D.
24 | SHEET
12 |
| AGE
9 | | BIRTHPLACE | | | |
| COUNTY
Iberia | | | CITY
Jeanette | | |
| ENUMERATED WITH
Loet Liza | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 4135 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 2 | | 51 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH Franklin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE Robinson Benjamin F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|--|------------------|--|------|--|-------------------|
| L130 | | NAME OF INDIVIDUAL
<i>Lovett, Minnie</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>12</i> | BIRTHPLACE | | E.D.
<i>137</i> | SHEET
<i>4</i> |
| COUNTY
<i>Umon</i> | | | CITY | | |
| ENUMERATED WITH
<i>Brady, Denna</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|--|------------|------------------|
| 4135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 68 | BIRTHPLACE | Lafton, Missouri |
| | | | | E.D. | 55 |
| | | | | SHEET | 2 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | United States | | |
| RELATIONSHIP TO ABOVE | | | Jackson | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|---|------|--|--|
| P. 35 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 70 | Ala | 74 | 20 | |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | Do Son | | | |
| RELATIONSHIP TO ABOVE | | Loston Joe | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------------|------------|-------|
| L 130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| MU | 49 | | | 79 | 14 |
| COUNTY | | | CITY | | |
| Rapides | | | Alexandria | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Coralia | | D | 25 | | |
| Crawford, Mable | | GD | 7 | | |
| Loueth, David | | S | 15 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLON | | AGE | BIRTHPLACE | E.D. | SHEET |
| u | | 38 | Monroe | 64 | 17 |
| COUNTY | | | CITY | | |
| Livingston | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura E. | | W | 4 | | |
| - Mary M. | | S | 6 | | |
| Robert E. | | S | 3 | | |
| Alice | | D | 8 | | |
| William | | S | 6 | | |
| E. C. | | D | 4 | | |
| M. M. | | D | 1 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| mu | | 50 | | | 84 20 |
| COUNTY | | | CITY | | |
| St Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Relia | | w | 49 | | |
| Charley | | S | 21 | | |
| Frank | | S | 20 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|---------|
| L130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 12 | BIRTHPLACE | E.D. 87 |
| COUNTY | | Natchitoches | | CITY | |
| ENUMERATED WITH | | | | | |
| Edwards, Rosa | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 45 | Lester, Nancy | | 42 | 9 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leroy | | S | 15 | | |
| Irene | | S | 11 | | |
| Eugenia | | D | 7 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| | | BIRTHPLACE | | 108 | 16 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | W | 29 | | |
| Lucile | | D | 5 | | |
| Julian | | S | 10 | | |
| 1 Bo | | | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| *130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 58 | Miss | 35 | 9 |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 40 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|--------------------|------|------------|-------|
| L 130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 21 | Left side Negation | | 82 | 8 |
| COUNTY | | | CITY | | |
| Rapides | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | W | 21 | | |
| Stanford | | S | 2 | | |
| Rena | | S | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|-----------|----|
| 432 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 35 | E.D. | 54 |
| | | BIRTHPLACE | | SHEET 18 | |
| | | Austria | | | |
| COUNTY | | Plaquemines | | CITY | |
| | | | | | |
| ENUMERATED WITH | | | | | |
| Shepard Vincent | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOW-DC 15105-P61

| | | | | | |
|-------------------------|---|----------------|-------------|------------|----|
| L 195 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 75 | E.D. | 19 |
| | | BIRTHPLACE | | SHEET 4 | |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Chaney Hanna | | D | 39 | | |
| / Alfred | | S | 18 | | |
| / Willard | | S | 12 | | |
| Thelma | | D | 9 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|--|------|------------|-------|
| 0730 | | HEAD OF FAMILY <input checked="" type="checkbox"/> | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| ma | 58 | | | 13 | 7 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Natalie | | W | 56 | | |
| L. L. L. L. L. | | D | 33 | | |
| Gustave | | S | 30 | | |
| Josephine | | D | 24 | | |
| Anthony | | S | 22 | | |
| Felicity | | D | 17 | | |
| David | | S | 14 | | |

FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------|-------------------|-----|------------|
| 1 Donatil | D | 12 | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1819B-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 130 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | 23 | Lafayette, Calcasieu | | 53 | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Jennings town | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Fontenot | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Male | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18188-P81

| | | | | | |
|--|--|---|--|--|-------|
| 430 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 26 | | 76 | 7 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. James | | CITY | |
| ENUMERATED WITH | | Labat Luke | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------------|--------------------------------|--|--|
| L-130 | | NAME OF INDIVIDUAL
<i>Levit Orelia</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | E.D.
<i>10</i> | SHEET
<i>36</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Green Dennis</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>daughter</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>daughter</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>daughter</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15189-Pol

| | | | | | |
|-------------------------|-----------------|----------------|--------------|------------|------------|
| 29 30 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR <i>W</i> | | AGE | BIRTHPLACE | | E.O. SHEET |
| | | 32 | | | 80 4 |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | <i>Mary</i> | <i>W</i> | <i>30</i> | | |
| | <i>Arnaud</i> | <i>S</i> | <i>10</i> | | |
| | <i>Robert</i> | <i>S</i> | <i>6</i> | | |
| | <i>Laurence</i> | <i>S</i> | <i>4</i> | | |
| | <i>Rory</i> | <i>S</i> | <i>7 1/2</i> | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-130 | | NAME OF INDIVIDUAL
<i>Levit Oscar</i> | | E.D.
10 | SHEET
36 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
40 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Green Dennis</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

18C01M-11 15105-1

1910-1911

| | | | | | | | |
|-------------------------|-------|----------------|-----|----------------|--|-----------|----|
| 2130 | | HEAD OF FAMILY | | Loretta Palmer | | LOUISIANA | |
| COLOR | White | AGE | 58 | BIRTHPLACE | | E.D. | 83 |
| COUNTY | | St. Mary | | CITY | | SHEET | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Loretta | | S | 36 | | | | |
| Frank | | S | 25 | | | | |
| Kenna | | D | 23 | | | | |
| Emile | | - | 21 | | | | |
| Mutchel | | S | 20 | | | | |
| Barney | | S | 18 | | | | |
| Shan | | S | 1 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|----------|------------|-------|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lebat Paul | | E.D. | SHEET |
| COLOR | W | AGE | 41 | 91 | 9 |
| | | BIRTHPLACE | | | |
| COUNTY | | | St. Mary | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Antonia | | W | 39 | | |
| Theresa | | D | 12 | | |
| Albert | | S | 6 | | |
| Jessie | | D | 4 | | |
| Bernedette | | D | 1 3/2 | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. SHEET |
| W | | 55 | | | 34 6 |
| COUNTY | | | CITY | | |
| Caddo | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edna | | W | 32 | | |
| Uplmour | | D | 4 | | |
| Bessie | | D | 3/10 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| C136 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| | | 25 | | 69 | 1 |
| COUNTY | | | CITY | | |
| La Salle | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. J. Bell | | | 27 | | |
| L. J. Bell | | | 2 | | |
| L. J. Bell | | | 1 | | |
| L. J. Bell | | | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|--------------|------------|-------|
| L130 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 39 | St. Louis | 116 | 2 |
| COUNTY | | | CITY | | |
| Tangipahoa | | | Independence | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 39 | St. | |
| Joseph | | S | 9 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|--|
| X 35 | | HEAD OF FAMILY | | LOUISIANA | |
| Lepton, Philip | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 55 | | | | |
| COUNTY | | CITY | | | |
| Rapides | | Alexandria City | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leola | | W | 44 | | |
| Violet | | D | 17 | | |
| Buttan | | S | 25 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--------------------------|-----|----------------|-----|------------|--|
| L-130 | | HEAD OF FAMILY | | LOUISIANA | |
| Leftha Philip | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 145 2 | |
| B | 34 | | | | |
| COUNTY | | West Carroll | | CITY | |
| | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lepta, Mattie | | | | | |
| Lepta, Mattie | | HK | 25 | U.S. | |
| Judge | | S | 11 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 38 | Philadelphia | | 130 | 10 |
| COUNTY | | CITY | | | |
| St. Martin | | Greenville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Robert | | B | 26 | | |
| Lester, Harry | | SS | 14 | | |
| Lester | | SS | 7 | | |
| Lester | | SD | 6 | | |
| Lester | | SS | 4 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--------------------------------|-----------|---------------------------------------|-------------------------|------------|----------|
| 2130 | | HEAD OF FAMILY: <i>Labadie Passee</i> | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| <i>W</i> | <i>39</i> | <i>Fr.</i> | | <i>19</i> | <i>5</i> |
| COUNTY <i>East Baton Rouge</i> | | | CITY <i>Baton Rouge</i> | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Marie</i> | | <i>W</i> | <i>52</i> | <i>Fr.</i> | |
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FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| F130 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafayette, Pierre | | E.O. | | SHEET | |
| COLOR | W | AGE | 66 | BIRTHPLACE | |
| COUNTY | | Rapides | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Berthilda | W | 58 | | |
| | John A | S | 29 | | |
| | Joseph | S | 28 | | |
| | Oliver | S | 22 | | |
| | Mary | D | 21 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 5130 | | HEAD OF FAMILY | | LOUISIANA | |
| Loretta Quennee P | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 39 | | | | |
| COUNTY | | CITY | | | |
| Winn | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bonnie | | W | 29 | | |
| Lola | | S | 5 | | |
| David | | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2135 | NAME OF INDIVIDUAL
<i>Loften Ray</i> | | E.D. 42 SHEET 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>12</i> | BIRTH PLACE
<i>La</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Loften C. Albert</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)
<i>Loften</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Loften</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Loften</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P-61

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L135 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| B | 78 | Tex | 87 | 16 |
| COUNTY | | CITY | | |
| Matchiteches | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Elizabeth | | W | 54 | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|---------------|------------|-------|
| L 135 | | HEAD OF FAMILY | | LOUISIANA | |
| Lefton | | Richard D | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 64 | 1 |
| W | 29 | Grant | | | |
| COUNTY | | | CITY | | |
| | | | Verde Village | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Julia | | W | 25 | | |
| Thelma | | D | 6 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|---|-------------------|
| 6135- | | NAME OF INDIVIDUAL
<i>Lothian Riley</i> | | LOUISIANA | |
| COLOR
<i>B</i> | | AGE
<i>3</i> | BIRTHPLACE | E.D.
<i>87</i> | SHEET
<i>7</i> |
| COUNTY
<i>Natchitoches</i> | | | CITY | | |
| ENUMERATED WITH
<i>Loyant George</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

| | | | | | |
|-------------------------|----------|----------------|------|------------|--|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| J. L. Riley | | E. D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| Wm | 56 | Ga | | | |
| COUNTY | St. Mary | | CITY | | |
| | | Morgan City | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mattie | W | 43 | Miss | |
| | Mattie | F | 25 | Miss | |
| | Lipie | F | 21 | Miss | |
| | Corine | F | 16 | Miss | |
| | Leah | F | 15 | Miss | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|--------------------|------------|-----------|-------|
| 2135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 15 | | 42 | 9 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <div> <input type="checkbox"/> FATHER <input type="checkbox"/> NEPHEW <input type="checkbox"/> INMATE </div> <div> <input type="checkbox"/> MOTHER <input type="checkbox"/> NIECE <input type="checkbox"/> NURSE </div> <div> <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> PATIENT </div> <div> <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> ROOMER </div> <div> <input type="checkbox"/> GRANDSON <input type="checkbox"/> SON-IN-LAW <input type="checkbox"/> SERVANT </div> <div> <input type="checkbox"/> GRANDDAUGHTER <input type="checkbox"/> DAUGHTER-IN-LAW <input checked="" type="checkbox"/> OTHER (Specify) </div> <div> <input type="checkbox"/> AUNT <input type="checkbox"/> BROTHER-IN-LAW </div> <div> <input type="checkbox"/> UNCLE <input type="checkbox"/> SISTER-IN-LAW </div> | | | | | |
| <div> <input type="checkbox"/> OTHER (Specify) <div>Cousin</div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | AR | | 3 | 4 |
| COUNTY | | | CITY | | |
| Caldwell | | | Columbia | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| M. C. C. | | W | 30 | | |
| Herman J. | | S | 6 | | |
| Herman J. | | S | 3 | | |
| Willie R. | | S | 9/12 | | |
| | | | | | |
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FORM 10-634 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 24 | | | 67 | 10 |
| COUNTY | | Do Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | w | 22 | | |
| Lina | | w | 3 | | |
| Bertha | | w | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|---------------|--|-------|
| C135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mex | | 26 | | 130 | 10 |
| COUNTY | | | CITY | | |
| St. Martin | | | Breaux Bridge | | |
| ENUMERATED WITH | | | | | |
| Leflon, Philomine | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC0144-DC 1910B-P61

| | | | | | |
|---|-------------|---|------|--|------|
| 4134 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Laddell Robert L | | E.O. | | SHEET | |
| COLOR | W | AGE | 1 | BIRTHPLACE | 97 4 |
| COUNTY | St. Tammany | | CITY | | |
| ENUMERATED WITH | | Covington | | | |
| RELATIONSHIP TO ABOVE | | Boisdousgine Julia | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

LOUISIANA

| | | | | | |
|-------------------------|----------------------------------|--------------|---------------|--------------------|--------------------|
| C130 | HEAD OF FAMILY
<i>Lafette</i> | | <i>Robt E</i> | E.D.
<i>108</i> | SHEET
<i>17</i> |
| COLOR
<i>W</i> | AGE
<i>32</i> | BIRTHPLACE | | | |
| COUNTY
<i>Sabine</i> | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Edith</i> | | <i>W</i> | <i>27</i> | | |
| <i>Marvin</i> | | <i>S</i> | <i>9</i> | <i>Tex</i> | |
| <i>Albert</i> | | <i>S</i> | <i>8</i> | | |
| <i>Trudy M</i> | | <i>D</i> | <i>5</i> | | |
| <i>Carl J</i> | | <i>S</i> | <i>1 3/4</i> | | |
| <i>Smith Archie</i> | | <i>BL</i> | <i>20</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafayette | | Romeo | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 62 | | | | |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Uphelia | | W | 49 | | |
| Colman | | d | 23 | | |
| Octavia | | d | 19 | | |
| Augusta | | d | 17 | | |
| Charles | | S | 14 | | |
| Ernestine | | d | 12 | | |
| Cassie | | d | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| | NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------|---------|-------------------|-----|------------|
| | | | | |
| Hall | Leovic | h | 4 | |
| | Lena | h | 2 | |
| | Houston | gs | 4 | |
| | Mary | rel | 30 | |
| | Salomon | N | 8 | |
| | Walter | N | 4 | |
| | Arthur | N | 2 | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636a 4-20-61

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1-50744-10 1-50744-10

| | | | | | |
|-------------------------|------|----------------|-----|-----------------|--|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | Lafayette, Penn | |
| COUNTY | | Do Sol | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 50 | Miss | |
| | Paul | S | 14 | | |
| | Mary | S | 10 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|-------------------|
| 2135 | | NAME OF INDIVIDUAL
<i>Allen Roca</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>19</i> | BIRTHPLACE | | E.D.
<i>162</i> | SHEET
<i>7</i> |
| COUNTY
<i>St. Landry</i> | | CITY
<i>Opelousas</i> | | | |
| ENUMERATED WITH
<i>Williams Frank</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

| | | | | | |
|-------------------------|--------|----------------|-----|------------|--------|
| L130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 72 | BIRTHPLACE | France |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Martha | S | 42 | | |
| | Grace | Da | 24 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|---------------|
| 5132 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | Leftwich, Roy |
| COUNTY | | Livingston | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celia B | | W | 29 | | |
| Lynnie | | S | 3 | | |
| Michael | | D | 1 1/2 | | |
| Stewart, Maria G. | | M | 55 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| 435 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| 7mm | | 44 | | | 152 |
| COUNTY | | CITY | | SHEET | |
| | | Landry | | 28 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Santolina | | W | 39 | | |
| iam | | S | 9 | | |
| Jian B | | S | 5 | | |
| Ella | | D | 4 | | |
| Susan | | D | 25 | | |
| Tony Susan | | M L | 75 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|----------------|-----|------------|------------|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 38 | BIRTHPLACE | St. Landry |
| | | | | E.D. | 110 |
| | | | | SHEET | 4 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mattie | w | 36 | | |
| | Albert | s | 9 | | |
| | John | s | 6 | | |
| | Joseph | s | 5 | | |
| | Rufus Jr. | s | 3 | | |
| | Lesa Callie | SD | 16 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 413c | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 59 | Rufus X | | 37 | 1 |
| COUNTY | | CITY | | | |
| MAISON ROUGE | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marceline | | W | 43 | | |
| Alice | | D | 22 | | |
| Rufus | | S | 20 | | |
| Charles | | S | 19 | | |
| William | | S | 14 | | |
| John | | S | 12 | | |
| Eugene | | D | 9 | | |

FORM 10-635 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

Henry

5

8

Recht

5

5

Chyde

3

 $6/12$

10 6360

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USENHEALC 1512-F 01

| | | | | | |
|-----------------------|---|---|----|------------|----|
| 2130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 78 | BIRTHPLACE | 71 |
| COUNTY | | De Soto | | CITY | |
| ENUMERATED WITH | | De Soto, James | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input checked="" type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L 130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 46 | Lahotus Sam | | 131 | 10 |
| COUNTY | | Washington | | CITY | |
| | | | | Bogalusa | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Jeanne | W | 28 | It | | |
| Mean | D | 13 | It | | |
| Mary | D | 5 | It | | |
| Philip | S | 6 | | | |
| Beane | D | 3 | | | |
| Jeanne | S | 2 | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| White | 26 | Miss | 114 | 5 | |
| COUNTY | | Tangipahoa | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Leona | | W | 40 | | |
| Leona Roberts | | 2 D | 10 | | |
| James | | 2 S | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|--------------------|
| 6130 | | NAME OF INDIVIDUAL
<i>Lafite Samuel</i> | | LOUISIANA | |
| COLOR
<i>Ind</i> | AGE
<i>18</i> | BIRTHPLACE | | E.D.
<i>101</i> | SHEET
<i>12</i> |
| COUNTY
<i>St. Tammany</i> | | CITY | | | |
| ENUMERATED WITH
<i>Celestine, Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S.S.</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC909A-NC 1910-P61

| | | | | | |
|--|-----|---|---------|---|-------|
| 7135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E D. | SHEET |
| B | 8 | | | 78 | 6 |
| COUNTY | | | CITY | | |
| Polate Coupee | | | Morgans | | |
| ENUMERATED WITH | | | | | |
| Phillips, Frank | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SD | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMA-DC 15105-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 60 | It | | 1 | 31 |
| COUNTY | | Tangipahoa | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leptine | | W | 50 | It | |
| Liqua | | S | 25 | It | |
| Lipp | | S | 22 | It | |
| Lana | | S | 3 | | |
| L | | S | 12 | | |
| Lice | | S | 6 | | |
| | | | | | |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|----------------------|--|----------|--|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-30
COLOR 13 | | NAME OF INDIVIDUAL
Lowitt, Sanders | | LOUISIANA
E.D. 56 | | SHEET 14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE 1 | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Plaquemine CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
Nones, Mrs. Martha | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18189-P01

| | | | | | |
|---|---|--------------------|---|------------|--------|
| 435 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 7 | BIRTHPLACE | Acadia |
| COUNTY | | CITY | | Crowley | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | |
|-------------------------|-----|--------------------|-----|------------|-------|
| 230 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mm | 27 | | | 75 | 1 |
| COUNTY | | Pointe Coupee CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | | W | 25 | | |
| Grant | | S | 7 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 80 | BIRTHPLACE | Lafitte Selma |
| COUNTY | | Do Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------|-------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L130 | | NAME OF INDIVIDUAL
<i>Lafette Selena</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>15</i> | BIRTHPLACE | E.D.
<i>107</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Sabine</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Sharmar</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>C.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>C.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>C.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|-----|----------------------|-----|------------|-------|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 34 | St. John the Baptist | | 32 | 16 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mama | | M | 30 | | |
| Lily | | S | 21 | | |
| Lland | | S | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| X. 30 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. | SHEET |
| B | 30 | Levet, Silvia | | 35 | 10 |
| COUNTY | | CITY | | | |
| East Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|----|--|-----------|--|-----|
| 2135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 13 | AGE | 1/2 | E.D. | 102 |
| | | BIRTHPLACE | | SHEET | 7 |
| COUNTY | | | CITY | | |
| St. Landry | | | Opelousas | | |
| ENUMERATED WITH | | | | | |
| William Frank | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|---|----------------|-------|------------|------------------|
| 130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Lafayette, Smith |
| COUNTY | | Rapides | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Althea | | W | 28 | | |
| Lizzie | | D | 10 | | |
| Althea | | D | 8 | | |
| Ollie | | D | 6 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 34 | Calcasieu | | 97 | 10 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Larue | | W | 24 | | |
| Lelia | | D | 9 | | |
| Loma | | S | 7 | | |
| Joseph | | S | 4 | | |
| Nick | | S | 1 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|----|
| 430 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | 97 |
| COUNTY | | Morehouse | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 18-637 (4-20-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910CENSUS INDEX - INDIVIDUAL

| | | | | | |
|--|------------------|---|--|---|-------------------|
| 2135 | | NAME OF INDIVIDUAL
<i>John</i> | | LOUISIANA | |
| COLOR
<i>Mr</i> | AGE
<i>23</i> | BIRTHPLACE
<i>Wichita</i> | | E.O.
<i>32</i> | SHEET
<i>6</i> |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Welsh</i> | | | |
| ENUMERATED WITH
<i>Coleman Black</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Boarder</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-----------------|
| C130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | Levet, Theodore |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Susanna | W | 42 | | |
| | Joseph | S | 18 | | |
| | Golin | S | 15 | | |
| | Byron | S | 12 | | |
| | Virginia | Q | 10 | | |
| | Theodora | Q | 9 | | |
| | Leo | S | 7 | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|-------|------------|
| 1 Olga | d | 5 | |
| Gracie | d | 1 1/2 | |
| Conrad, Julia | ml | 62 | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|-------|--|
| 1130 | | HEAD OF FAMILY | | LOUISIANA | | SHEET | |
| COLOR | | AGE | | BIRTHPLACE | | 71 | |
| W | | 68 | | | | 7 | |
| COUNTY | | | | De Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| 1 Elizabeth | | | | W | | 61 | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|----|
| 2130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lorette, Liger | | E.D. | | 44 | |
| COLOR | B | AGE | 27 | BIRTHPLACE | 33 |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| Thompson Jerry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P01

4132

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 1750 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 76 | | | 67 | 1 |
| COUNTY | | CITY | | | |
| Do Soto | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Sarah J | w | 33 | | | |
| Annie | D | 17 | | | |
| Alma | D | 15 | | | |
| Reba | D | 12 | | | |
| James C. | S | 8 | | | |
| Emilion C. | S | 3 | | | |
| Chester H | S | 1 1/2 | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L-130 | | HEAD OF FAMILY | | LOUISIANA | |
| Loretta Tom | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 71 | Tom | | | |
| COUNTY | | | CITY | | |
| Webster | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| James | | W | 22 | Inde | |
| Dora | | D | 5 | OK | |
| Chester | | S | 1/2 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|---------|
| L130 | | HEAD OF FAMILY | | |
| | | Levada Thomas | | E.D. 67 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 55 | Mex. | | |
| COUNTY | | CITY | | |
| Do Soto | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | | |
| And 1 partner | | | | |
| 1 boarder | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|---------------------------------|------------|--------------------------------|--|
| W-135
COLOR B | | HEAD OF FAMILY
Lepton Thomas | | LOUISIANA
E.D. 112 SHEET 14 | |
| | | AGE 31 | BIRTHPLACE | | |
| COUNTY Landry | | CITY Washington | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cecile | | w | 36 | | |
| Ethel | | D | 4 | | |
| Thomas J. | | S | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 75 | Thomas | 41 | 13 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mollie | | W | 33 | | |
| Jessey | | S | 9 | | |
| Laura | | D | 7 | | |
| Luna | | S | 4 | | |
| Lurvy | | D | 9 | | |
| Ada | | SD | 12 | | |
| Mona | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---------------------|---|--|--|--|
| L135 | | NAME OF INDIVIDUAL
<i>Lofton Thomas</i> | | LOUISIANA | |
| E.D.
<i>112</i> | | SHEET
<i>11</i> | | | |
| COLOR | AGE
<i>6' 22</i> | BIRTHPLACE
<i>Miss.</i> | | | |
| COUNTY
<i>Tangipahoa</i> | | CITY | | | |
| ENUMERATED WITH
<i>Herington Frank</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>fr</i> | |

FORM 10-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18199-P61

| | | | | | |
|-------------------------|---|----------------|-----|--------------|--|
| L135- | | HEAD OF FAMILY | | LOUISIANA | |
| Leftens Thomas | | E.D. | | 2 | |
| COLOR | W | AGE | 62 | BIRTHPLACE | |
| COUNTY | | Assumption | | CITY | |
| | | | | Plattenville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leftens A. G. Jones | | W | 62 | | |
| J. E. Me | | D | 34 | | |
| Miller | | S | 30 | | |
| E. L. De | | D | 24 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-------|------------|-----------|
| 35 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | LOUISIANA |
| COUNTY | Red River | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lulu | | W | 39 | Ala | |
| Ernest | | S | 16 | | |
| Clare | | D | 13 | | |
| Mellie | | D | 11 | | |
| Josie | | S | 10 | | |
| Eula | | D | 5 | | |
| Lula | | D | 4 1/2 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| 2131 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | E.D. | 69 |
| | | BIRTHPLACE | | SHEET | 8 |
| | | Tenn. | | | |
| COUNTY | | | CITY | | |
| Livingston | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 25 | | |
| E. J. J. J. | | D | 25 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L/30 | NAME OF INDIVIDUAL
<i>Levitt, Ulysses</i> |
| E.D.
66 | SHEET
4 |
| COLOR
B | AGE
18 |
| BIRTHPLACE | |
| COUNTY
St. James | CITY |
| ENUMERATED WITH
<i>Moose Thom</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| OK 130
COLOR W | | HEAD OF FAMILY
Lafitte Valcour | | LOUISIANA
E.D. 34 SHEET 3 | |
|---------------------------------|--|--|------------|--|--|
| | | AGE 60 | BIRTHPLACE | | |
| COUNTY Caddo | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sophie | | W | 36 | | |
| Mary C. | | D | 14 | | |
| Fannie J. | | D | 11 | | |
| Valcour | | S | 9 | | |
| Rene | | S | 7 | | |
| Floyd | | S | 6 | | |
| Liza | | D | 4 | | |

FORM 10-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2130 | | HEAD OF FAMILY | | LOUISIANA | |
| LABRIDE | | Valerian | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 31 | | | | |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Melasie | | W | 24 | | |
| Francis | | D | 5 | | |
| Lennie | | S | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|---|--|------------------|
| 435 | | NAME OF INDIVIDUAL <i>Justin, Ventres</i> | | LOUISIANA | |
| COLOR | W | AGE | 4 | BIRTHPLACE | E.D. 116 SHEET 1 |
| COUNTY | | Tangipahoa | | CITY <i>Independence</i> | |
| ENUMERATED WITH <i>Justin, Calvin</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 19-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>L130</i> | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>W</i> | <i>27</i> | <i>Laurel Victoria</i> | | <i>50</i> | <i>17</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Iberville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Powers John I</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 430 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | ED | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 16 | | 96 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Rapides | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Pine Valley | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mc Cas, Judie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

L130

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| L143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 26 | Labride Norma | | 24 | 15 |
| COUNTY | | Avery-Hes | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amy | | W | 25 | | |
| Amelia | | D | 5 | | |
| Ansel | | P | 1 1/2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|--------|-----------|----|
| 2130 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 4 | E.D. | 21 |
| | | BIRTHPLACE | Walker | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCQM-DC 1910-P61

| | | LOUISIANA | |
|-------------------------|--------------------|------------|------------|
| HEAD OF FAMILY | E.O. | SHEET | |
| <i>L. 30</i> | <i>32</i> | <i>18</i> | |
| COLOR | AGE | BIRTHPLACE | |
| <i>W</i> | <i>32</i> | | |
| COUNTY | CITY | | |
| <i>East Baton Rouge</i> | <i>Baton Rouge</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1</i> | <i>W</i> | <i>28</i> | |
| <i>Marion C</i> | <i>D</i> | <i>6</i> | |
| <i>Arthur, Jr</i> | <i>Di</i> | <i>6</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|----------------|-----|------------|-----|
| L 135 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | White | AGE | 22 | BIRTHPLACE | Wet |
| COUNTY | | Winn | | CITY | |
| | | | | Winnfield | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lula | W | 19 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L/35 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mm | 30 | | | 152 | 33 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 36 | | |
| William | | S | 12 | | |
| Willie | | S | 9 | | |
| Belle | | D | 11 | | |
| E. Lisa | | D | 10 | | |
| Wesley Jr | | S | 6 | | |
| Thomas | | S | 5 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

RELATIONSHIP

BIRTHPLACE

Joseph
Elisha

S

4

S

23

1910 CENSUS INDEX - FAMILY (Continued)

USCOMNAVDC 10100-101

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | E.O. | | SHEET |
| L. J. Lavett Will | | 31 | | 7 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 34 | ms. | | |
| COUNTY | Catahoula | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ellizabeth | w | 38 | ms. | |
| Albert | s | 2 | | |
| Watkins Minnie | sil | 18 | mo | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|---|----------------|-----|------------------|------|-----------|----|
| L/30 | | HEAD OF FAMILY | | La Fayette, Will | | LOUISIANA | |
| COLOR | B | AGE | 44 | BIRTHPLACE | Miss | E.D. | 87 |
| COUNTY | | | | CITY | | | |
| Medison | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 Lizzie | | W | 33 | | | | |
| Davidport Jeanne | | C | 4 | Miss | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| L136 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 40 | BIRTHPLACE | Will |
| COUNTY | | CITY | | E.D. | |
| Caddo | | | | 61 | |
| | | | | SHEET | |
| | | | | 7 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosa | | W | 42 | | |
| John | | S | 14 | | |
| Ratie | | D | 12 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L130 | NAME OF INDIVIDUAL
<i>Lovett, William</i> | | E.D.
<i>116</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>18</i> | BIRTHPLACE
<i>Tex.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Webster</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>James, Ed</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

| | | | LOUISIANA | | |
|-------------------------|-----|------------------------|-----------|------------|-------|
| 2130 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | <i>Levett, William</i> | | 35 | 8 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 36 | | | | |
| COUNTY | | | CITY | | |
| JULON ROUGE | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 <i>Lucy</i> | | W | 42 | | |
| <i>William Lucy</i> | | GD | 3 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | |
|-------------------------|----------------|--------------|-----------------|------------|------|-------|
| L 32 | HEAD OF FAMILY | | Leftis, William | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | | |
| W | 56 | | | | | |
| COUNTY | | Red River | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| | Laura M | W | 37 | | | |
| | Clide | 2 | 17 | | | |
| | Orvin | 2 | 15 | | | |
| | Thurmond | 2 | 13 | | | |
| | Delphine | 2 | 3 | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-----------------------------------|--------------|----------------|----------------|
| <i>L135</i> | HEAD OF FAMILY <i>Lofton, Wm.</i> | | E.D. <i>27</i> | SHEET <i>4</i> |
| COLOR <i>B</i> | AGE <i>35</i> | BIRTHPLACE | | |
| COUNTY <i>Avoyelles</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Ella</i> | | <i>W</i> | <i>30</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX 2 FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|---|--------------------|--------------|------------|------------|-------|--|
| 7/36 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| | | Lefturwick William | | 47 | | 10 | |
| COLOR | W | AGE | 30 | BIRTHPLACE | | | |
| COUNTY | | | Vernon | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Fannie | | | W | 52 | | | |
| Alice | | | D | 7 | | | |
| Raleigh | | | S | 6 | | | |
| George | | | S | 4 | | | |
| Jesse | | | S | 1 | | | |
| Turner Calvin | | | B L | 16 | | | |
| 1 Hester | | | B L | 15 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------|------------|-------|
| 5135 | | HEAD OF FAMILY | | LOUISIANA | |
| Lupton | | William A | | E.D. | SHEET |
| COLOR | W | AGE | 43 | BIRTHPLACE | Ind |
| COUNTY | Jackson | | CITY | Erc | |
| OTHER MEMBERS OF FAMILY | | | | | |
| A | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Monasli | W | 26 | | |
| | Maklen | S | 13 | | |
| | Clyde | S | 9 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|--------------------|--------------|------|------------|
| L-130 | HEAD OF FAMILY | | E.D. | SHEET |
| | Leveath, William G | | 118 | 5 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 31 | 113 | | |
| COUNTY | | CITY | | |
| Webster | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Treber | | W | 28 | |
| Clorey | | D | 2 | |
| | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|---|---------------|----------------|----------------|
| T-35 | | HEAD OF FAMILY <i>Loftis, William D</i> | | LOUISIANA | |
| COLOR <i>W</i> | | AGE <i>58</i> | BIRTHPLACE | E.D. <i>96</i> | SHEET <i>7</i> |
| COUNTY <i>Red River</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Wife</i> | | <i>W</i> | <i>23</i> | | |
| <i>Daughter</i> | | <i>S</i> | <i>3</i> | | |
| <i>Son</i> | | <i>S</i> | <i>13 1/2</i> | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|----|-------------------|----|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| L130 | | NAME OF INDIVIDUAL | | LOVETT WILLIAM J. | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 57 | BIRTHPLACE | La | 105 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | Ouachita | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wright Ezra L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><u>None</u></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>None</u> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>None</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16104-P61

| | | | | | | | |
|-------------------------|--|----------------|--|------------------|--|------------|--|
| 2135 | | HEAD OF FAMILY | | Leftin William M | | LOUISIANA | |
| COLOR | | AGE | | E.D. | | SHEET | |
| 4 | | 36 | | 147 | | 8 | |
| BIRTHPLACE | | COUNTY | | CITY | | | |
| | | Vernon | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Edna | | W | | 21 | | Lad | |
| Carrie | | S | | 2 | | 1 | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|----------------|--------------|-----------|------------|-------|
| L130 | HEAD OF FAMILY | | WILLIAM D | E.D. | SHEET |
| | Lafayette | | | 96 | 13 |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 26 | | | | |
| COUNTY | St. Tammany | CITY | Covington | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| I Carmet | | w | 27 | | |
| Agnesly Theresa | | S.L. | 18 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|------------------|--------|------------|-------|
| 2135 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lofton William M | | E.D. | SHEET |
| COLOR | W | AGE | 64 | BIRTHPLACE | Miss |
| COUNTY | | | Vernon | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lolatha | | W | 61 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-------------------|--------------|------|------------|
| L135 | HEAD OF FAMILY | | E.D. | SHEET |
| | Loftin, William T | | 96 | 14 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 28 | | | |
| COUNTY | | CITY | | |
| Red River | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Minnie | | W | 24 | |
| Lillian | | D | 3 | |
| + 1 km | | | | |
| | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|------------------|------------|------------------|---|
| HEAD OF FAMILY | | E.O. | SHEET | |
| 2134 | | 22 | | 9 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 30 | | | |
| COUNTY | East Baton Rouge | | CITY Baton Rouge | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jennie | W | 28 | | |
| James | M | 27 | | |
| Jessie | Si | 23 | | |
| and 1 lodger | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|--|---|------------------------------|-------------------|-------------------|
| 2135 | | NAME OF INDIVIDUAL
<i>Lefton Willie</i> | | E.D.
<i>64</i> | SHEET
<i>1</i> |
| COLOR
<i>W</i> | AGE
<i>5</i> | BIRTHPLACE | | | |
| COUNTY
<i>C. Laf.</i> | | | CITY
<i>Verda Village</i> | | |
| ENUMERATED WITH
<i>Fremore John T</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Step S</i> | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|----------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 1301 | | NAME OF INDIVIDUAL <i>La Fayette, Webb Jr</i> | | E.D. <i>87</i> | SHEET <i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>B</i> | AGE <i>11</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY <i>Madison</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Roland, Webb</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&MS-DC 1910-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L130 | NAME OF INDIVIDUAL
<i>Lowett, Willis</i> | | E.D.
54 | SHEET
41 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
8 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | JACKSON | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Thorrie, Eli</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P-61

LOUISIANA

| | | | | | | | |
|-------------------------|--------|----------------|-----|---------------|--|------|-------|
| 2.35 | | HEAD OF FAMILY | | Goslin Wilson | | E.O. | SHEET |
| 147 | | 7 | | | | | |
| COLOR | W | AGE | 47 | BIRTHPLACE | | | |
| COUNTY | Vernon | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Coats | | W | 42 | | | | |
| William | | S | 18 | | | | |
| Lester | | S | 20 | | | | |
| David J. | | S | 14 | | | | |
| Leo | | D | 12 | | | | |
| Eugene | | S | 8 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---|---|---------|
| L135 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 6 | BIRTHPLACE | Ed. 108 |
| COUNTY | | St. Landry | | SHEET 27 | |
| ENUMERATED WITH | | CITY | | | |
| RELATIONSHIP TO ABOVE | | Jackson, Henry | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Step-Son | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| L130 | HEAD OF FAMILY | | E.D. SHEET |
| | Levet, Xavier | | 69 13 |
| COLOR | AGE | BIRTHPLACE | |
| W | 61 | | |
| COUNTY | CITY | | |
| St. James | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| living alone | | | |
| | | | |
| | | | |
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| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF

~~Manufactured by~~

MADE IN U.S.A.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2143 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 16 | Louisiana (unknown) | 51 | 24 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name, Tschel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| | | | | | |
|--|--|--|------------|-----------|-------|
| 1143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 14 | Calcasieu | 51 | 24 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| ENUMERATED WITH | | | | | |
| Alamo, Paschal | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 16199-P01

| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
|---|-----|----------------|------|------------|-------|
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 28 | | | 89 | 4 |
| COUNTY | | | CITY | | |
| Married
OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ethel | | W | 16 | | |
| Polary | | B | 21 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| NAME OF INDIVIDUAL
<i>L 140</i>
<i>Lovell, A. M.</i> | E. D.
<i>33</i> |
| COLOR
<i>W</i> | SHEET
<i>18</i> |
| AGE
<i>27</i> | BIRTHPLACE
<i>Mass</i> |
| COUNTY
<i>Caddo</i> | CITY |
| ENUMERATED WITH
<i>Not Reported</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16108-P61

| | | | | | |
|-------------------------|----------|----------------|------|------------|-------|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 35 | Lonely, Aaron | | 74 | 18 |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Hester | W | 34 | | |
| | James | S | 15 | | |
| | Picenia | D | 14 | | |
| | Martha | D | 12 | | |
| | Aaron Jr | S | 10 | | |
| | Mary | D | 7 | | |
| | Maria | D | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMAF-DC 16100-061

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 1142 | | HEAD OF FAMILY | | LOUISIANA | |
| Leflore Aaron | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| Wm | 30 | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dora | | W | NR | | |
| Girtrude | | S | 7 | | |
| Ollie | | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 248 | | HEAD OF FAMILY | | Louisiana | |
| Lapille Abby | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 24 | | | | |
| COUNTY | | Irebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elzida | | W | 28 | | |
| August | | S | 3 | | |
| M. Mary | | D | 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 5166 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| W | | 35 | | 65 | 5 |
| BIRTHPLACE | | | | | |
| COUNTY | | Livingston | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Elvira | | W | 30 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| L140 | NAME OF INDIVIDUAL
<i>Louise Adeline</i> | | E.D.
<i>35</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>22</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Lake Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Phillips, Lige</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Sis</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sis</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sis</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 6140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| 21 | | 32 | | | 68 2 |
| COUNTY | | | CITY | | |
| Livingston | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louella | | 21 | 28 | | |
| Lillie | | S | 4 | | |
| Adam B | | S | 2 | | |
| Alice M. | | S | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L-140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 50 | | | 12 | 20 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 40 | | |
| Bernadette | | d | 14 | | |
| August | | s | 11 | | |
| Josephine | | d | 8 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 6143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E D. | SHEET |
| W | | 80 | France | 99 | 10 |
| COUNTY | | | CITY | | |
| St. Mary | | | Newwick | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marion | | S | 48 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|-----------------|--|
| 8140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR W | | AGE 33 | | E.D. 47 SHEET 6 | |
| | | BIRTHPLACE | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mettie | | W | 28 | | |
| Fred C | | S | 11 | | |
| May E. | | D | 8 | | |
| Rosa | | S | 4 | | |
| Albert | | S | 12 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|------|------------|------------------|
| 2443 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | E.D. 50 SHEET 14 |
| COUNTY | | | CITY | | |
| Plaquemines | | | | | |
| ENUMERATED WITH | | | | | |
| Dobson, Davis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18105-P61

| | | | | | |
|---|------------------|--|--|-------------------|--------------------|
| 2-140 | | NAME OF INDIVIDUAL
<i>Labela Agostine</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>10</i> | BIRTHPLACE | | E.D.
<i>36</i> | SHEET
<i>37</i> |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Lake Charles</i> | | | |
| ENUMERATED WITH
<i>Bob Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
 <i>Li</i> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 22 | L. Blue | | 3.1 | 15 |
| COUNTY | Calcasieu | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| D. Blue | | W | 30 | | |
| L. Blue | | D | 2 | | |
| M. Blue | | D | 4 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 444 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | Albert |
| COUNTY | | Vermillion | | CITY | Erath |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Auroula | | W | 39 | | |
| Mada | | D | 18 | | |
| Mada | | D | 17 | | |
| Milla | | D | 15 | | |
| Leontine | | D | 14 | | |
| Milla | | S | 10 | | |
| Clara | | S | 9 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------|-----------------|--------------------------------|------------|----------|
| 1141 | | LeBlond, Albert | | E.D. 57 | SHEET 16 |
| COLOR W | AGE 44 | BIRTHPLACE | | | |
| COUNTY Iberville | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Hermine | | W | 30 | | |
| Lisa | | D | 12 | | |
| Genevieve | | D | 9 | | |
| Isabella | | D | 6 | | |
| Bessie | | D | 4 | | |
| Nelson | | D | 1 ³ / ₁₂ | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|---|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 8140 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lable Gilbert | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | 13 | AGE | 4 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Rapides | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Lila Le Jarreau | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 42 | East Baton Rouge | 341 |
| COUNTY | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ethel | W | 37 | |
| Sarah | D | 14 | |
| Paul | S | 13 | |
| Loyce | S | 11 | |
| White Law | S | 7 | |
| John B | S | 5 | |
| Unice | D | 9 | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------|-------------------|--------|------------|
| Willie L | W | 10 1/2 | |
| Hanes | M | 21 | |
| Sarah M | M | 59 | |
| F / Ser | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| 2440 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | Un | BIRTHPLACE | Mo. |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Helena | | W | 32 | Mo. | |
| Jack | | S | 15 | | |
| Isabel | | D | 13 | | |
| Ada | | D | 7 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| 246 | | HEAD OF FAMILY | | LOUISIANA | |
| Family | | Albert L. | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 44 | 36 |
| W | un | Mo. | | | |
| COUNTY | Calcasieu | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Rebecca | | W | 32 | Mo. | |
| Jack | | S | 15 | Mo. | |
| Lash | | W | 13 | Mo. | |
| Adas | | W | 7 | Mo. | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 6140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 25 | | 65 | 11 |
| COUNTY | | | CITY | | |
| Livingston | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma A | | W | 22 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------------|------------|-------|
| 6143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| | | W 30 | | 128 | 15 |
| COUNTY | | | St. Martin | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Amantia | W | 29 | | |
| | Leonine | S | 8 | | |
| | Lipine | D | 7 | | |
| | Jan | S | 6 | | |
| | Edelle | D | 4 | | |
| | Phyllis | S | 2 | | |
| | Marlene | D | 1 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | E.D. | 115-20 |
| | | BIRTHPLACE | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Corinna | | W | 3 | | |
| Louisa | | 2 | 11 | | |
| Mary | | 2 | 9 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 5142 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafleaux, Alphonse | | E.D. | | SHEET | |
| COLOR | W | AGE | 18 | BIRTHPLACE | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Nora | | W | 15 | | |
| Anise | | M | 55 | | |
| Lillie | | ni | 8 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------|---|------|---|------|
| 2143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leopold, Amanda | | E.D. | | SHEET | |
| COLOR | W | AGE | 43 | BIRTHPLACE | 25 9 |
| COUNTY | Jefferson | | CITY | Mc Donoghville | |
| ENUMERATED WITH | | | | | |
| Little, Lizzie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
hi | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 19199-P61

| | | | | | |
|-------------------------|---|----------------|------|-------------------|-----------------|
| 5111 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | E.D. 37 SHEET 8 |
| COUNTY | | Calcasieu | | CITY Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eva | | W | 22 | | |
| Clade | | S | 7/10 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------------|-------------------------------|-----------|----------------|----------------|
| 9-23 | | HEAD OF FAMILY <i>D</i> | | LOUISIANA | |
| COLOR <i>W</i> | AGE <i>35</i> | BIRTHPLACE <i>Oxford, Ala</i> | | E.D. <i>96</i> | SHEET <i>1</i> |
| COUNTY <i>Red River</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Nassie</i> | | <i>W</i> | <i>30</i> | | |
| <i>Cleopatra</i> | | <i>D</i> | <i>3</i> | | |
| <i>Oleta</i> | | <i>D</i> | <i>15</i> | <i>Tex</i> | |
| <i>Walker, James</i> | | <i>SS</i> | <i>9</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 51,410 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 33 | | 112 | 11 |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Daisy | | w | 36 | | |
| Julia | | d | 18 | | |
| Maseritta | | d | 12 | | |
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FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|------------------|------------|------------|--|
| HEAD OF FAMILY | | E D. | SHEET | |
| <i>John C. Anderson</i> | | <i>77</i> | <i>11</i> | |
| COLOR | AGE | BIRTHPLACE | | |
| | <i>7</i> | | | |
| COUNTY | <i>Red River</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>John</i> | <i>W</i> | <i>43</i> | | |
| <i>John</i> | <i>S</i> | <i>14</i> | | |
| <i>John</i> | <i>S</i> | <i>10</i> | | |
| <i>John</i> | <i>W</i> | <i>13</i> | | |
| <i>John</i> | <i>S</i> | <i>11</i> | | |
| <i>John</i> | <i>D</i> | <i>9</i> | | |
| <i>John</i> | <i>D</i> | <i>6</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION
SHIP | AGE | BIRTHPLACE |
|----------------|------------------|----------|------------|
| 1. <i>John</i> | <i>D</i> | <i>5</i> | |
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FORM 10-636a (4-2-63)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED 1959-1-61

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| L142 | | HEAD OF FAMILY | | LOUISIANA | |
| Gaulace, Andrew | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 35 | | | | |
| COUNTY | | | CITY | | |
| Concordia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jane | | W | 32 | Miss | |
| Gustie | | D | 18 | | |
| Andrew Jr | | S | 8 1/2 | | |
| Frank | | C | 13 | | |
| Helen | | D-C | 2 1/2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L140 | NAME OF INDIVIDUAL
<i>Lowell Angelina</i> |
| E.D.
104 | SHEET
33 |
| COLOR
W | AGE
24 |
| BIRTHPLACE | |
| COUNTY
Terrebonne | CITY
Houma |
| ENUMERATED WITH
<i>Lowell John</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SI</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&AM-DC 1910S-P61

| | | | | | |
|--|--|--|------------|--|-------|
| L142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 44 | | 53 | 12 |
| COUNTY | | | CITY | | |
| Concordia | | | Vicksburg | | |
| ENUMERATED WITH | | | | | |
| Fairbanks Clay W | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|--|--|
| 2143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR <i>W</i> | | AGE <i>4</i> | | BIRTHPLACE <i>Leopold, Anne</i> | |
| COUNTY | | CITY | | E.D. <i>50</i> SHEET <i>10</i> | |
| Plaquemines | | | | | |
| ENUMERATED WITH | | | | | |
| <i>Schexnayder, Andrew</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|----------------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| mn | | 30 | | 35 | 4 |
| COUNTY | | | CITY | | |
| Concordia | | | Friday Village | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Kahn Anne | | w | 12 | | |
| 1 Pearl | | di | 18 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|-------|
| -140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Sa Bleu | | Arcac | | E.O. | SHEET |
| COLOR | W | AGE | 19 | 32 | 3 |
| BIRTHPLACE | | | | | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Welsh | |
| ENUMERATED WITH | | | | | |
| Bourgeois May | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Daughter | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16100-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 240 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 31 | | 148 | 10 |
| COUNTY | | | Vernon | CITY | |
| | | | | Racine | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 140 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Assane | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 55 | | | | |
| COUNTY | | CITY | | | |
| Calcasieu | | Lafayette | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anna | | W | 49 | | |
| Assane | | S | 23 | | |
| Calice | | D | 14 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| 2140 | HEAD OF FAMILY | | E.D. 49 |
| COLOR | AGE | BIRTHPLACE | |
| W | 38 | | |
| COUNTY | Calcasieu | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Maudie P. | W | 35 | |
| A. Franklin | S | 18 | |
| Columbus | S | 15 | |
| Uria | S | 14 | |
| Madeline | S | 12 | |
| Maude | S | 7 | |
| Virginia | S | 4 | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L140 | NAME OF INDIVIDUAL
<i>Louise Arthur L.</i> |
| E.D.
35 | SHEET
9 |
| COLOR
B | AGE
14 |
| BIRTHPLACE
Calcasieu | |
| COUNTY | CITY
Lake Charles |
| ENUMERATED WITH
<i>Phillips, Leger</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16108-P01

| | | | | | | | |
|-------------------------|----------|----------------|-----|----------------|----|-----------|----|
| L143 | | HEAD OF FAMILY | | Leopold. Ashby | | LOUISIANA | |
| COLOR | B | AGE | 60 | BIRTHPLACE | La | E.D. | 95 |
| COUNTY | | Morehouse | | CITY | | SHEET | |
| | | Morehouse | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Rhoda | Wife | 50 | La | | | |
| | Matie | S | 19 | | | | |
| | Caldonia | B | 22 | | | | |
| | Ollie | S | 24 | | | | |
| | Lill | S | 20 | | | | |
| | Mary | S | 4 | | | | |
| | Sarah | S | 2 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| L 140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | Cal. 1880 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eva | | W | 24 | I | |
| Wesley | | S | 10 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|--------|
| 1443 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | France |
| COUNTY | | Caddo | | CITY | |
| ENUMERATED WITH | | | | | |
| Cassiere Peter | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Laborer | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15105-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 21 | | | 128 | 18 |
| COUNTY | | CITY | | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. <i>James M.</i> | | w | 24 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L140 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Bleu, Austin | | E.D. | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 2 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | Acadia | CITY | Acadia | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Bleu, Jules | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Step Son | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18186-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-----|
| 1140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | B J |
| COUNTY | | Caldwell | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| M. O. | W | 56 | | | |
| Walker | S | 23 | | | |
| Basco | S | 20 | | | |
| Claudis | S | 16 | | | |
| Bessie | d | 15 | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 8-142 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLORED | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B. wt | 16 | Lavalais Bastelme | | 16 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avoyelles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SAC Coy James | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18103-P61

| | | | | | |
|---|--|---|--|--|--|
| 442 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. SHEET | |
| B | | 8 | | 9719 | |
| COUNTY | | BIRTHPLACE | | | |
| | | Red River | | CITY | |
| ENUMERATED WITH | | Lovlace John | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L142 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 16 | | 66 | 37 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. James | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Butler John | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| LOUISIANA | | E.D. | | SHEET | |
|-------------------------|----------------|----------------|-------|------------|----|
| L140 | HEAD OF FAMILY | Lively Behan R | | 29 | 26 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 33 | Tex | | | |
| COUNTY | Calcasieu | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Fanny | | W | 26 | Tex | |
| Tazewell | | S | 8 | Tex | |
| Lewins | | S | 4 | | |
| Geneva | | D | 1 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|--------------------|
| L143 | | NAME OF INDIVIDUAL
<i>Leopold, Belle</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | E D.
<i>7</i> | SHEET
<i>16</i> |
| COUNTY
<i>Acadia</i> | | CITY | | | |
| ENUMERATED WITH
<i>Simon, Pubelbert</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC044-DC 10100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| L-142 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lavalais Ben | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | toB | AGE | 19 | 16 13 | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Avoyelles | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mc Coy James | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>81</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 81 | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 81 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 13 | 35 | 1 | 47 6 |
| COUNTY | | CITY | |
| Calcasieu | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Etharine | W | 35 | |
| Adonia | D | 12 | |
| Emma | D | 10 | |
| Anna M. | D | 9 | |
| Bertie | D | 7 | |
| Francence | S | 2 | |
| 2 Pradus | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|--|----|-------------|------------------|
| 2142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 21 | BIRTHPLACE | E.D. 22 SHEET 30 |
| COUNTY | | Avoyelles | | Moreauville | |
| ENUMERATED WITH | | Mague, Lemis | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>Is</u> </div> </div> | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P-81

| | | | | | |
|---|------------------|---|------|--|--------------------|
| L140 | | NAME OF INDIVIDUAL
<i>Lovely Bessie</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>15</i> | BIRTHPLACE | | E.D.
<i>92</i> | SHEET
<i>11</i> |
| COUNTY
<i>St. Mary</i> | | | CITY | | |
| ENUMERATED WITH
<i>James Rufus</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5141 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| | | | | 7 | 7 |
| COUNTY | | CITY | | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | | | | |
| Marie | | | | | |
| Marie | | | | | |
| Marie | | | | | |
| Marie | | | | | |
| Marie | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----|------------|-------------------|
| L143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 70 | BIRTHPLACE | Leafield, Burnett |
| COUNTY | | Red River | | CITY | |
| ENUMERATED WITH | | | | | |
| Robinson, George | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------|
| 5146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 29 | BIRTHPLACE | Baitrey |
| COUNTY | | | E.D. | 100 | SHEET 2 |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Fannie | W | 23 | S C | | |
| John | S | 5 | | | |
| James | D | 3 | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|-------|--------------------|-----------|
| 1 146 | NAME OF INDIVIDUAL | LOUISIANA |
|-------|--------------------|-----------|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L146 | | NAME OF INDIVIDUAL
<i>Le Bleu C A</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>54</i> | BIRTHPLACE
<i>Missouri</i> | | E.D.
<i>33</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Fitzgerald Pat</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P-61

| | |
|----------------|--|
| HEAD OF FAMILY | |
|----------------|--|

| | | | |
|-------------------------|--------------|-----------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | E.D. | SHEET |
| W | 50 | 103 | 6 |
| BIRTHPLACE | | | |
| COUNTY | | | |
| CITY | | | |
| Monroe | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ella | W | 50 | |
| Evans | S | 22 | |
| Bo | | | |
| | | | |
| | | | |
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| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------------|-------------|-------------|
| 540 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
CU | AGE
52 | BIRTHPLACE
Miss | E.D.
115 | SHEET
18 |
| COUNTY | | | | |
| Richmond | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 4 Bc | | | | |
| 1 HK | | | | |
| | | | | |
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FORM 70-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| L143
NAME OF INDIVIDUAL
<i>Leopold Caldonia</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>28</i> | BIRTHPLACE
<i>Maryland</i> | E.D.
<i>97</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
 | | CITY
 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Russell Holmes</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 16199-P61

| | | | | | |
|---|-----|---|--|--|-------|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| B | 2 | Terrebonne, Cal. | | 107 | 8 |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| ENUMERATED WITH | | | | | |
| Mc Graw, Robert Sr | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18185-P81

LOUISIANA

LOUISIANA

| | | | | | |
|--|--|---|------|------------|------------|
| 2140 | | NAME OF INDIVIDUAL
<i>La Blein Carlos J</i> | | E.D.
77 | SHEET
6 |
| COLOR
<i>W</i> | AGE
36 | BIRTHPLACE / | | | |
| COUNTY
<i>Calcasieu</i> | | | CITY | | |
| ENUMERATED WITH
<i>La Blein, Collin</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&M-DC 18198-P61

LOUISIANA

LOUISIANA

| | | | | | |
|-------------------------|-----------|---------------------------------|------|------------|------------|
| 2140 | | HEAD OF FAMILY
L. Ben Carlos | | E.D.
47 | SHEET
9 |
| COLOR
W | AGE
66 | BIRTHPLACE | | | |
| COUNTY
Calcasieu | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Carlos Jr | | S | 31 | | |
| Reaves Mary L. | | HK | 59 | | |
| 'Stone | | ward | 18 | | |
| Celeste | | ward | 15 | | |
| James Marion | | none | 27 | | |
| Miles | | none | 20 | | |
| | | | | | |
| | | | | | |

| | | | | | |
|-------------------------|-----|------------------|-------|------------|-------|
| L170 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Robell Celestant | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 28 | | | | |
| COUNTY | | Liv. | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leontine | | W | 30 | | |
| None | | D | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 57 | | 65 | 5 |
| COUNTY | | | Livinston | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Richard | | S | 19 | | |
| Noel | | S | 17 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------|
| LN 3 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | Celina |
| COUNTY | | St. Martin | | CITY | St. Mar. |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edith | | W | 25 | | |
| Joseph | | D | 19 | | |
| Richard | | S | 17 | | |
| Edith | | D | 13 | | |
| Celina | | S | 7 | | |
| Adam | | S | 1 | | |
| Lafayette | | D | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-436e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 15105-P61

LOUISIANA

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| B | | 77 | Cezar | | 8 |
| COUNTY | | | CITY | | |
| Catahoula | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Cindy | | w | 57 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 6143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| 11 | | 5-9 | | 99 | 11 |
| COUNTY | | | CITY | | |
| St. Mary | | | Reserve | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Deborah | | U | 46 | Ger | |
| Nadie Rose | | Da | 35 | Ger | |
| Rottersmann, Minnie | | M | 22 | Ger | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2-140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 30 | | | 100 | 23 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mina | | W | 28 | | |
| Luke | | S | 5 | | |
| Eveline | | D | 6 | | |
| Sarah | | S | 4 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Inu | | 49 | | 120 | 22 |
| COUNTY | | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | | 41 | | |
| Louise | | | 2 | | |
| May | | | 7 | | |
| Charley | | | 4 | | |
| Luther | | | 3 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-----|------------|--|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| Levelley, Charles | | E.D. | | SHEET | |
| COLOR | B | AGE | 60 | 15326 | |
| BIRTHPLACE | | | | | |
| COUNTY | St. Landry | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Hermine | | ? | 48 | | |
| Israel | | s | 15 | | |
| Luke | | s | 9 | | |
| Evelena | | d | 6 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 5142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 26 | E D. | 86 |
| | | BIRTHPLACE | | SHEET 18 | |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Victoria | | W | 22 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|----------|------------|----------|
| 2142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | E.D. 105 |
| | | | SHEET 12 | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 46 | | |
| James | | S | 19 | | |
| Eunice | | D | 16 | | |
| Agat | | D | 13 | | |
| Eunice | | S | 10 | | |
| Marie | | D | 3 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--------------------|
| L146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | Lafleur, Chephus C |
| COUNTY | | Calcasieu | | CITY | Kinder |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Emma M. | W | 24 | | |
| | Cora Mary | D | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|----|
| 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 24 | AGE | 61 | E.D. | 95 |
| | | BIRTHPLACE | | SHEET 2 | |
| COUNTY | | Morehouse | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Coats, John B. Jr. | | Son | 13 | | |
| and 3 se. | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 2140 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| W | 36 | Catcasieu | 49 | 2 |
| COUNTY | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Grace | W | 31 | | |
| Beranda | S | 11 | | |
| Crota | S | 8 | | |
| Anna | D | 17 | | |
| Frankie | W | 14 | | |
| Frankie | W | 12 | | |
| Earl | W | 6 | | |

FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 142-61

1910 CENSUS INDEX . FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1510R-101

| | | | | |
|-------------------------|-----------------|--------------|-----------|-------------|
| L 140 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | Le Blues, Colin | | E.D.
4 | SHEET
19 |
| AGE
27 | BIRTHPLACE | | | |
| COUNTY | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / Emma | | W | 25 | |
| / Bertrice | | D | 5 | |
| / Gabriel | | S | 1 1/2 | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|-----------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| W-70 | Le Bleu, Collin | | E.O. 47 |
| COLOR | AGE | BIRTHPLACE | |
| W | 38 | | |
| COUNTY | Calcasieu | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary | W | 37 | |
| Collin J. | S | 14 | |
| Rosa A. | D | 9 | |
| Carlos J. | B | 26 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|------------------|
| 1140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 20 | BIRTHPLACE | E.D. 153 SHEET 4 |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| Brave Palin | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <u>Brave</u> | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---------------------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L142 | | NAME OF INDIVIDUAL
<i>Lessalies Camille</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>30</i> | BIRTHPLACE | | E.O.
<i>82</i> | SHEET
<i>21</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Rapides</i> | | | CITY
<i>Coke</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Scott Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1818B-P61

214-3

HEAD OF FAMILY *L. Melady L. L.*

LOUISIANA

COLOR *W* AGE *30* BIRTHPLACE *La* E.D. *110* SHEET *1*

COUNTY *W*

Ouachita CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|------------|------------|
| <i>May</i> | <i>W</i> | <i>25</i> | <i>La</i> |
| <i>Orlean</i> | <i>D</i> | <i>2</i> | |
| <i>Alvin</i> | <i>P</i> | <i>1/2</i> | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2142

HEAD OF FAMILY

LOUISIANA

| | | | | |
|-------------------------|----------------|-------------------------------|-------------|-------------|
| L142 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
35 | Laplace, Damian | | E.D.
152 |
| | | BIRTHPLACE
Italy | SHEET
30 | |
| COUNTY
St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | W | 26 | Italy | |
| Hannah | D | 8 | | |
| Mary | D | 7 | | |
| Josephine | D | 5 | | |
| Dominique | S | 4 | | |
| Sam | S | 2 ³ / ₂ | | |
| Sandra | S | 1 ¹ / ₂ | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 7 | Pointe Coupee | | 83 | 14 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> IMMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |
| <div style="text-align: right;"> <i>Bo</i> </div> | | | | | |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&A-DC 16199-P81

| | |
|------|----------------|
| 1113 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 2/4/3 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | w | AGE | 28 | BIRTHPLACE | Laviolette, Demoe |
| COUNTY | | Vermillion | | CITY | Graydon |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie Adonis | | w | 29 | | |
| Aldess | | S | 7 | | |
| Ales | | S | 5 | | |
| E. Lisa | | D | 2 | | |
| Broussard, Lucius | | B.F. | 28 | | |
| | | | | | |
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Form 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|----------------|-----------|
| 2,40 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

| | | | | |
|-------------------------|----------------|----------------|------------|-------|
| 2140 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 51 | Le Bleu Desrie | | 49 |
| COUNTY | Calcasieu | | CITY | SHEET |
| 2 | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | W | 49 | | |
| Mark C. | S | 24 | | |
| Edith | D | 32 | | |
| Frances | S | 20 | | |
| Raymond | S | 18 | | |
| Martin | S | 6 | | |
| Ellen | D | 13 | | |

FORM 18-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

g house

5

FORM 10-436 14 20 81

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

150144-00 14100-1-61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | LA. |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Carinna | | w | 25 | | |
| Vincent | | s | 2 | | |
| Camilla | | d | 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|--------|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | 121 50 |
| COUNTY | | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pauline | | W | 22 | | |
| Armon | | 5 | 3 | | |
| Alciduse | | 5 | 2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------------|------------|------|
| 3142 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 34 | Lafleur, Torsten | | 121 |
| SHEET 53 | | | | |
| COUNTY | | CITY | | |
| St. Landry | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | W | 32 | | |
| Emma | S | 13 | | |
| Emily | D | 11 | | |
| William | D | 7 | | |
| Harry | S | 1 | | |
| | | | | |
| | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| 2142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | Lafayette, La |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Melie | | W | 20 | | |
| Marsette | | D | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| L 142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | La Borse, Dupes |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 31 | | |
| Largina | | S | 14 | | |
| Elza | | S | 12 | | |
| Edna | | S | 8 | | |
| Lelia | | S | 5 | | |
| Dora | | S | 3 | | |
| Andrus | | S | 1 | | |

FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------------|
| 2. 143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | La. Violette, Dupre |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / ETTINE | | S | 27 | | |
| HELLAN B | | D | 17 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 140 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 33 | | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | Germany | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Ascension | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Renee H. B. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|--|---|--|---|--|------|
| L140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Bleu Earl | | E.D. | | SHEET | |
| COLOR | W | AGE | 6 | BIRTHPLACE | 49 2 |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| Le Bleu Coleman | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L142 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 23 | | 22 | 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Avoyelles | Moreauville | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mague, Lemis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 31 | BIRTHPLACE | Acadia |
| | | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ellena | | W | 28 | | |
| Nayia | | W | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|--|-------------------|--------------------|
| 2140 | | NAME OF INDIVIDUAL
<i>Laville Edmond</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>19</i> | BIRTHPLACE | | E.O.
<i>48</i> | SHEET
<i>17</i> |
| COUNTY
<i>Calcasieu</i> | | CITY | | | |
| ENUMERATED WITH
<i>Line of P</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16103-P01

| | | | | | |
|--|---|---|---|---|-------|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 9 | BIRTHPLACE | Edna |
| COUNTY | | Calcasieu | | CITY | Welsh |
| ENUMERATED WITH | | | | | |
| Bourgeois, May | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Daughter | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|------------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L140 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Bl. | | Eduard | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 17 | BIRTHPLACE | 134 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Vermillion | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Dorbust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|---|----------------|-------|------------|-----------------|
| 6143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Kovelady Edward |
| COUNTY | | Sabine | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annie | | w | 24 | | |
| May | | d | 2 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| K140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. | SHEET |
| M | 48 | Edwin B | | 36 | 10 |
| BIRTHPLACE | | COUNTY | | | |
| | | CITY | | | |
| East Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edna E | | D | 21 | | |
| Lillian | | A | 14 | | |
| Lena A | | D | 12 | | |
| E. H. A | | D | 9 | | |
| Julia H. | | D | 7 | | |
| E. L. servant | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|----------------|
| 443 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | Lafayette, La. |
| COUNTY | | Red River | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

L141

L 141

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 141 | | NAME OF INDIVIDUAL
<i>Lebanus Eldridge</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>1 1/2</i> | BIRTHPLACE | | E.D.
<i>12</i> | SHEET
<i>10</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Acadia | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Lebanus Severine</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| P140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 65 | BIRTHPLACE | E.D. 40 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leona | | W | 55 | | |
| Jacob C | | S | 24 | | |
| Elizabeth | | D | 18 | | |
| Joseph L. L. | | S | 14 | | |
| James F | | S | 3 | | |
| Eleanor, Eliza | | M L | 74 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|-----------------|------|------------|-------|
| L 142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 60 | Louisiana Elise | | 14 | 7 |
| COUNTY | Avoyelles | | CITY | | |
| 5 | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lakra | | w | 55 | | |
| Rimosa | | d | 22 | | |
| Cici | | d | 19 | | |
| Henry | | d | 7 | | |
| Mother | | d | 12 | | |
| Wajiska | | d | 9 | | |
| Linger | | d | 8 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|----|-----------------|-----------------|
| 2142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 68 | BIRTHPLACE | LOVELESS, Elise |
| COUNTY | | CITY | | E.D. 26 SHEET 6 | |
| COUNTY | | CITY | | Bunkie Town | |
| ENUMERATED WITH | | Stoker, Thomas A | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P81

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 51 | Miss | | 107 | 14 |
| COUNTY Sabine | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME - | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Madison | | W | 48 | | |
| John H | | S | 16 | | |
| Marion J | | D | 14 | | |
| Kate D | | D | 6 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|--------------------|--|-----------|-------|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 14 | | 34 | 9 |
| BIRTHPLACE | | | | | |
| COUNTY | | Caddo | | CITY | |
| ENUMERATED WITH | | | | | |
| Lofitte, Manuel | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
Lo | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1810B-P61

| | | | | | |
|--|---|---|------|--|----|
| 1140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 15 | BIRTH PLACE | |
| | | | | E.D. | 34 |
| | | | | SHEET 9 | |
| COUNTY | | | CITY | | |
| Cade | | | | | |
| ENUMERATED WITH | | | | | |
| Rambin, Peter | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
Lo | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|----------------------|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 6 | BIRTHPLACE | E.D. 112
SHEET 11 |
| COUNTY | | Terrebonne | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| X140 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mw | 65 | Le Blue, Elizabeth | | 34 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dillon, L. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mw | 2 | | | 15 | 19 |
| COUNTY | | | CITY | | |
| | | | Averett's | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Joseph C | S | 3 | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---|---|--|
| L142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 9 | BIRTHPLACE | |
| COUNTY | | Caddo | | CITY | |
| ENUMERATED WITH | | 7↓ all, Bill | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMIGRANT
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>Sister</u> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P67

| | | | | | |
|--|-----------|--------------------|--|------------|-----------|
| 1142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 10 | BIRTHPLACE | LOUISIANA |
| COUNTY | Avoyelles | | CITY | E.D. | 14 |
| ENUMERATED WITH | | | SHEET 7 | | |
| RELATIONSHIP TO ABOVE | | | LOUISIANA LOUIS A. | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---|
| 2142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 8 | AGE | 59 | BIRTHPLACE | 8 |
| | | | | SHEET 16 | |
| COUNTY | | Catahoula | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 1115 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| L143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | Emmitt N. |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Lucie | | W | 35 | | |
| Emmitt | | S | 8 | | |
| Robert | | S | 6 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|---|--|----------------------------------|
| 2143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 7 | BIRTHPLACE | E.D. 50 SHEET 10 |
| COUNTY | | | CITY | | |
| Plaquemines | | | | | |
| ENUMERATED WITH | | | | | |
| Schexnayder, Andrew | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> WIDOW | <input type="checkbox"/> NURSE | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> SISTER-IN-LAW | | | | |
| <input type="checkbox"/> GRANDSON | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | | | | | |
| <input type="checkbox"/> AUNT | | | | | |
| <input type="checkbox"/> UNCLE | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Eugene |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | w | 24 | | |
| Lucia | | d | 11 | | |
| Arnostyie | | d | 5 | | |
| Amantha | | d | 4 | | |
| Wickless | | s | 3 | | |
| Eugene Jr. | | s | 5/6 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|----------------|-----|------------|-------|
| L 140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | E. D. |
| | | | | | 4 |
| COUNTY | | Acadia | | SHEET | |
| | | | | 40 | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Olivia | W | 43 | | |
| | Armine | D | 21 | | |
| | Bunadette | D | 18 | | |
| | Louisa | D | 8 | | |
| | & 1 servant | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | Lovel, Eugene |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 44 | | |
| Teodora | | S | 22 | | |
| Clay | | S | 20 | | |
| Orville | | S | 18 | | |
| Gless | | S | 16 | | |
| Mayfield | | S | 13 | | |
| Eugene | | D | 8 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------|----------------|-----|------------|------------------|
| L142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 26 | BIRTHPLACE | Louisiana Eugene |
| COUNTY | | Red River | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / | Ada | W | 20 | | |
| | Lera | D | 6 | | |
| | Joe | S | 5 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--------------------|------------|-----------|-------|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E D. | SHEET |
| W | | 22 | | 60 | 33 |
| COUNTY | | | CITY | | |
| Grant | | | | | |
| ENUMERATED WITH | | | | | |
| Price, L. J. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | | | | | |
| 50 | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P01

| | | | | | |
|--|-----------------|---|-------------------------|---|-------------------|
| L140 | | NAME OF INDIVIDUAL
<i>Lovely Eupry</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>1</i> | BIRTHPLACE | | E.O.
<i>88</i> | SHEET
<i>4</i> |
| COUNTY
<i>St. Mary</i> | | | CITY
<i>Franklin</i> | | |
| ENUMERATED WITH
<i>Henry</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>Son</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (<i>Specify</i>) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | |
|---|--|------------------------|-----------------|
| L 140 | NAME OF INDIVIDUAL
<i>LeBlanc Eva</i> | | LOUISIANA |
| COLOR
<i>Wm</i> | AGE
<i>23</i> | BIRTHPLACE
<i>-</i> | E.O. 2 SHEET 10 |
| COUNTY
<i>Acadia</i> | CITY
<i>Rayne</i> | | |
| ENUMERATED WITH
<i>Reed Mary</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>d</i> </div> </div> | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|-------------------|-------------------|
| 1140 | | NAME OF INDIVIDUAL
<i>Louise Eva</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>15</i> | BIRTHPLACE | | E.O.
<i>25</i> | SHEET
<i>9</i> |
| COUNTY
<i>East Baton Rouge</i> | | CITY
<i>Baton Rouge</i> | | | |
| ENUMERATED WITH
<i>Young Lizzie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div><input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE</div> <div><input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW</div> <div><input checked="" type="checkbox"/> WIFE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)</div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| L142 | NAME OF INDIVIDUAL
<i>Labiolais, Eve</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>9 1/2</i> | BIRTHPLACE | E.D.
<i>4</i> | SHEET
<i>30</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Acosta</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Godeaux, Jerome</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Orphan</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | |
|------|----------------|
| L143 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|-----|------------------|------|------------|-------|
| 6143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 4 | Louisville Evans | | 128 | 18 |
| COUNTY | | | | | |
| St. Martin | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wigner | | 4 | 22 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| w | 60 | Lapille Eugene | | 109 | 7 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ernestine | | W | 59 | | |
| Edgar | | S | 36 | | |
| Annette | | D | 26 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | LaFayette, La. |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Charlotte | | W | 33 | | |
| Adam | | S | 12 | | |
| James | | S | 11 | | |
| Theodore | | S | 9 | | |
| Solita | | D | 7 | | |
| Thomas | | S | 5 | | |
| Dorice | | S | 3 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|---|-----|
| 2142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 61 | BIRTHPLACE | Ala |
| COUNTY | | | CITY | | |
| Do Soto | | | | | |
| ENUMERATED WITH | | | | | |
| Kidd James J. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> HUSBAND
<input type="checkbox"/> WIFE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S.D. | |

FORM 10-437 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| L 142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 8 | 55 | Lavelain Ferson | | 14 | 4 |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|--------------------|
| 140
140 | | NAME OF INDIVIDUAL
<i>Devilley, Eugene</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>27</i> | BIRTHPLACE | | E.O.
<i>44</i> | SHEET
<i>33</i> |
| COUNTY
<i>Calcasieu</i> | | CITY | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE
<i>Thompson, Jerry</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | |
|------|----------------|
| 1143 | HEAD OF FAMILY |
|------|----------------|

| | | | | |
|-------------------------|----------------|-----------------|------------|-------|
| L142 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| mu | 48 | Asavlos Filmore | 15 | 9 |
| COUNTY | Avoy S | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cellanor | 10 | 43 | | |
| Joseph | 2 | 27 | | |
| William | 2 | 23 | | |
| Lottie | d | 20 | | |
| Walter | d | 18 | | |
| Harrison | 2 | 16 | | |
| William | 2 | 10 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| MEMBERS OF FAMILY | | | |
|-------------------|--------------|-----|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Rosevelt | s | 8 | |
| Nannet | d | 7 | |
| Matilda | d | 5 | |
| Lillybell | d | 2 | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY /C

U.S. DEPT. OF COMMERCE

FORM 10-6346 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 15106-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| C/40 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 24 | | | 65 | 12 |
| COUNTY | | | CITY | | |
| Livingston | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mattie | | D | 5 | | |
| Grace | | D | 3 | | |
| Sanders | | S | 2 | | |
| Martin Josephine | | M | 53 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------------|--|--|--|--------------------|
| 2143 | | NAME OF INDIVIDUAL
<i>Leopold, Florence</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>3</i> | BIRTHPLACE
<i>Plaquemine, MS</i> | | E.O.
<i>50</i> | SHEET
<i>10</i> |
| COUNTY | | CITY | | | |
| ENUMERATED WITH
<i>Schexnayder, Andrew</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | | | |
|-------------------------|--|----------------|------------|-----------------|------|-----------|--|
| 2142 | | HEAD OF FAMILY | | Lavalais Forest | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. | SHEET | |
| B | | 35 | | | 16 | 26 | |
| COUNTY | | | | CITY | | | |
| Avoyelles | | | | Manassas | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Angella | | W | 33 | | | | |
| Hilery | | S | 8 | | | | |
| Evan | | S | 6 | | | | |
| Oscar | | S | 5 | | | | |
| Anthony | | S | 3 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------------------|--|-----------------|
| L140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 13 | BIRTHPLACE | E.D. 25 SHEET 9 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | East Baton Rouge | | |
| RELATIONSHIP TO ABOVE | | | Baton Rouge | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input checked="" type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | LOUISIANA | |
|-------------------------|--------|-------------------|-----------|------------|
| HEAD OF FAMILY | | E.O. | SHEET | |
| L 140 | | Le Bleu, Francois | 4 | 40 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 54 | | | |
| COUNTY | Acadia | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Eva | | D | 17 | |
| Adam | | S | 13 | |
| Amelia | | D | 30 | |
| Leger, James | | S-L | 31 | |
| Ernest | | G-C | 12 | |
| Arnold | | G-C | 9 | |
| Armasse | | G-C | 7 | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------------|-------------------|--------------|------------|
| <i>Benny</i> | <i>G-C</i> | <i>5</i> | |
| <i>Lian</i> | <i>G-C</i> | <i>4</i> | |
| <i>Amos</i> | <i>G-C</i> | <i>2</i> | |
| <i>Amelia</i> | <i>G-C</i> | <i>1 1/2</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 77116 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 23 | | 11 | 3 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Manda | | W | 26 | | |
| Mama | | S | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|------|---|--------------------|
| X142 | | NAME OF INDIVIDUAL
<i>Lavelle, Frank</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | ED.
<i>32</i> | SHEET
<i>16</i> |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
<i>Concordia</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>Lavelle, Andrew</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>2</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1810B-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mm | | 33 | | 28 | 17 |
| COUNTY | | | Jefferson | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Christine | | W | 32 | | |
| Elnora | | D | 13 | | |
| Frank | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|--------------|-----------------|------------|------|-------|
| 8143 | | HEAD OF FAMILY | | Lafayette Frank | | E.D. | SHEET |
| 110 | | 12 | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| B | 40 | | | | | | |
| COUNTY | | | | CITY | | | |
| Tangipahoa | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Mary | | | W | 37 | | | |
| Joseph | | | S | 18 | | | |
| Fred | | | S | 17 | | | |
| Gertrude | | | D | 13 | | | |
| Grace | | | D | 11 | | | |
| Marie | | | D | 9 | | | |
| Russell | | | S | 6 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

CARD 2 OF 2

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

1 Francis B

5

12

1910 CENSUS INDEX - FAMILY (Continued)

W3COWH-DC 13198-P61

| | | | | | |
|--|-----------|--|----|--|------|
| L 140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| E. D. | | SHEET | | | |
| COLOR | W | AGE | 12 | BIRTHPLACE | 49 2 |
| COUNTY | Calcasieu | | | CITY | |
| ENUMERATED WITH | | | | | |
| L. Blue Coleman | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | |
|---|-----|--------------------|--|-----------|--|
| L140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leville, Fred | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 108 11 | |
| Mu | 29 | | | | |
| COUNTY | | CITY | | | |
| St. Landry | | Melville Town | | | |
| ENUMERATED WITH | | | | | |
| Scott, Katherine | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>Bo</u> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| 2-142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Imm | 57 | Lacalain Fulgence | | 16 | 28 |
| COUNTY | | CITY | | | |
| | | Mandeville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Fannil | | W | 47 | | |
| Willie | | S | 16 | | |
| Rosa | | D | 13 | | |
| Johnnie | | S | 10 | | |
| Narcissa | | S | 8 | | |
| Bartolome | | D | 7 | | |
| Nestor | | S | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

OTHER MEMBERS OF FAMILY

FORM 10-634e (4-20-61)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCINA DC 15100-P01

| | | | | | |
|-------------------------|---|----------------|----------|------------|-----|
| 9143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | ala |
| COUNTY | | | Ouachita | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. M. | | W | 23 | | |
| E. E. | | 2 | 9 | | |
| J. M. M. | | 5 | 9 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| 1-1-10 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | St. Louis |
| COUNTY | | St. Louis | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. A. | | W | 28 | Texas | |
| Lanford | | S | 6 | | |
| Mary | | S | 4 | | |
| Clyde | | S | 2 | | |
| Carroll | | N | 17 | | |
| Ellis | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| Lys | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 43 | Miss | | 107 15 |
| COUNTY | | | CITY | | |
| Tangipahoa | | | Kentwood | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| I Nancy | | W | 33 | Miss | |
| Tate Lucilla | | M L | 62 | Ala | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 20 | | 104 | 3 |
| COUNTY | | | CITY | | |
| Sabine | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Bell | | W | 22 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| Lazelle George | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 30 | | | | |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Beckie | | w | 27 | | |
| Lura | | D | 8 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|-----------------------|-----------|------------|-------|
| <i>L 140</i> | | HEAD OF FAMILY | | LOUISIANA | |
| | | <i>Lively, George</i> | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>W</i> | <i>38</i> | | | | |
| COUNTY | | | CITY | | |
| <i>Iberville</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Rebecca</i> | | <i>W</i> | <i>23</i> | | |
| <i>Edmen</i> | | <i>S</i> | <i>7</i> | | |
| <i>Lottie</i> | | <i>D</i> | <i>5</i> | | |
| <i>John</i> | | <i>S</i> | <i>4</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|-----------------------------|--|--------------------|
| L142 | | NAME OF INDIVIDUAL
<i>Laplace Geo</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>21</i> | BIRTHPLACE | | E.D.
<i>80</i> | SHEET
<i>18</i> |
| COUNTY
<i>Natchitoches</i> | | | CITY
<i>Natchitoches</i> | | |
| ENUMERATED WITH
<i>Roberson Katie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| X | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Lafayette, George |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Almeida | | W | 32 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|------------------|
| 7143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Love Lady George |
| COUNTY | | Natchitoches | | CITY | |
| ENUMERATED WITH | | Scot Mc Levea | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

| | | | | | |
|--|------------------|---|------|---|-------------------|
| L 143 | | NAME OF INDIVIDUAL
<i>Lovett George</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>30</i> | BIRTHPLACE | | E.O.
<i>137</i> | SHEET
<i>6</i> |
| COUNTY
<i>Union</i> | | | CITY | | |
| ENUMERATED WITH
<i>Turpin James L.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Sol</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-NC 1910-P61

| | | | | | |
|-------------------------|---------|----------------|------------|------------|-------|
| L-143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 62 | Ala | 135 | 21 |
| COUNTY | | | CITY | | |
| Union | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Martha | W | 57 | Ark | |
| | Lepira | D | 14 | | |
| | Georgie | D | 12 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 5-3 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 8 | | 23 | | 66 | 11 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Elizabeth | | w | 32 | | |
| | | | | | |
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FORM 16-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| 1140 | NAME OF INDIVIDUAL <i>Leahue Gilbert</i> |
| COLOR <i>W</i> | E.D. <i>153</i> SHEET <i>3</i> |
| AGE <i>13</i> | BIRTHPLACE |
| COUNTY | CITY |
| ENUMERATED WITH <i>Brown Palin</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>S.S.</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | |
|--|--|---|------|---|-------|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 12 | | 48 | 1 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| ENUMERATED WITH | | | | | |
| Ramon Robert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
sd | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

LOUISIANA

| | | | | | | |
|-------------------------|----------------|--------------|-------------------|------------|------|-------|
| L-140 | HEAD OF FAMILY | | La Bouil, Instant | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | | |
| B | 37 | | | | | |
| COUNTY | | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 | Holoma | W | 19 | | | |
| | Prose | R | 11 | | | |
| | Erhense | R | 8 | | | |
| | Ela | R | 6 | | | |
| | Asca | R | 5 | | | |
| | Adens | R | 3 | | | |
| | Lydia | R | 1/2 | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|--|----|-----------------|------------------|
| L 146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | East Baton Rouge |
| COUNTY | | CITY | | E.D. 34 SHEET 1 | |
| ENUMERATED WITH | | Labeley, Albert A | | | |
| RELATIONSHIP TO ABOVE | | <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-761

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| L14C | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| a | 21 | | | 6 | 1 |
| COUNTY | | Caldwell | | CITY | |
| ENUMERATED WITH | | | | | |
| Baker, George H. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>Step C</u> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L142 | | NAME OF INDIVIDUAL
<i>Lavelace, Helen</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>3 3/4</i> | BIRTHPLACE | | E.O.
<i>32</i> | SHEET
<i>16</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Concord</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lavelace, Andrew</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16166-P61

| | | | | | |
|--|-----------------|---|--|---|--------------------|
| L140 | | NAME OF INDIVIDUAL
<i>Leblanc, Genevieve</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>7</i> | BIRTHPLACE | | E.D.
<i>123</i> | SHEET
<i>15</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Bellard Arzime</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>[Signature]</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|---|-----------|------------------------|--|-----------|----------|
| <i>L 142</i> | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| <i>B</i> | <i>17</i> | <i>Louisiana Henry</i> | | <i>14</i> | <i>7</i> |
| COUNTY | | CITY | | | |
| <i>Avoyelles</i> | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE <i>Angelina Magene</i> | | | | | |
| <div><div><input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE</div><div><input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW</div><div><input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
_____</div></div> | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2042 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 47 | Lafayette | 142 | 9 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dymaine | | S | 20 | | |
| Lonia | | D | 18 | | |
| Leopline | | D | 15 | | |
| Lucy | | D | 13 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 42 | | 99 | 10 |
| COUNTY | | | CITY | | |
| St. Mary | | | Berwick | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mother | | W | 37 | Tex. | |
| Alttmont, Eliza | | M L | 46 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------------|----------------|-----|------------|-------|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| Lively | | Henry H | | E.O. | SHEET |
| COLOR | W | AGE | 50 | BIRTHPLACE | |
| COUNTY | East Baton Rouge | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Larcey L | | W | 53 | | |
| Henry H | | L | 28 | | |
| Olive P | | L | 24 | | |
| Burdie L | | L | 13 | | |
| Mazie L | | L | 11 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Leblanc Thelma | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 39 | | | | |
| COUNTY | | | CITY | | |
| Cameron | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Josephine | W | 31 | | |
| 2 | Donald Hymon | S | 11 | | |
| 1 | John | D | 10 | | |
| 1 | Roy L. | S | 6 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------------------------|-----|------------|
| L140 | HEAD OF FAMILY
Laviolo, Homer | | |
| E.D.
114 | SHEET
26 | | |
| COLOR
B | AGE
39 | | |
| BIRTHPLACE | | | |
| COUNTY
St. Landry | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Malisa | U | 39 | |
| Mada | N | 19 | |
| Lolima | N | 17 | |
| Maria | N | 12 | |
| Arnard | S | 14 | |
| Felia | N | 9 | |
| Ramond | S | 6 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|------------------------|-----------|------------|----------|
| <i>Lee</i> | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| <i>ma</i> | <i>28</i> | <i>Lovelace Harace</i> | | <i>14</i> | <i>7</i> |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Allice</i> | | <i>W</i> | <i>26</i> | | |
| <i>Myra</i> | | <i>d</i> | <i>5</i> | | |
| <i>Lucia</i> | | <i>L</i> | <i>✓</i> | | |
| <i>Paula</i> | | <i>S</i> | <i>1</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|--|-------|
| 2143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leopold, Ida | | E.O. | | SHEET | |
| COLOR | W | AGE | 34 | BIRTHPLACE | 50 10 |
| COUNTY | | | CITY | | |
| Plaquemine | | | | | |
| ENUMERATED WITH | | | | | |
| Schexnayder, Andrew | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> WIFE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18185-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| COUNTY | | CITY | | | |
| Grand | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------|-------------------|-----|------------|
| | | | |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1810B-P-61

| | | | | | |
|--|--|---|------------|--|-------|
| L140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 25 | Terrebonne | 112 | 11 |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| ENUMERATED WITH | | | | | |
| Hogien, Aristill | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
d | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 26 | Laurel | 90 | 4 |
| COUNTY | | | CITY | | |
| St. Mary | | | Franklin | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillian | | W | 25 | | |
| Mary | | D | 9 | | |
| Abraham | | S | 7 | | |
| Ruth | | D | 4 | | |
| Lillian | | S | 8/12 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| L140 | NAME OF INDIVIDUAL
<i>Lapool, James</i> | | E.D.
<i>93</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>40</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Morehouse</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Webb, Squire</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18199-P51

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| L 143 | HEAD OF FAMILY | | E.D. 16 |
| COLOR | AGE | BIRTHPLACE | |
| | 54 | La | |
| COUNTY | Ouachita | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Julia | W | 40 | |
| Charles | S | 3 | |
| Bob Parker | S | 1 | |
| Mr. John T. Parker | SD | 6 | |
| Phillips | SD | 75 | La |
| and 1 F. | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|-----|--|--|-----------|-------|
| B-140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 17 | Calcasieu | | 49 | 12 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | J. E. Rogers | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>Cousin</u> </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910B-P81

| | | | | | |
|-------------------------|-----|----------------|-----|--------------|--|
| 140 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Bleu, J H | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 43 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 41 | | |
| Loretta | | D | 21 | | |
| Fred | | S | 19 | | |
| Evelyn | | D | 17 | | |
| Ethel | | D | 11 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2,40 | | NAME OF INDIVIDUAL | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | BIRTHPLACE | | 83 14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pointe Coupee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lorely, John | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 4140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 39 | | | 26 | 7 |
| COUNTY | | CITY | | | |
| Avoyelles | | Lumbertown | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Young | | S | 13 | | |
| Wattson | | D | 10 | | |
| Wattson | | D | 6 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | |
|-------------------------|----------------|------------|--------------|-----|------------|-------|
| L140 | HEAD OF FAMILY | | Lovely James | | E.D. | SHEET |
| COLOR B | AGE 21 | BIRTHPLACE | | | | |
| COUNTY | | | CITY | | | |
| Assumption | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | | W | 26 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|---------------------------------|--------------|------------|------------|
| L140 | HEAD OF FAMILY
Francis James | | E.O.
61 | SHEET
1 |
| COLOR
W. | AGE
34 | BIRTHPLACE | | |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Francis | | W. | 27 | |
| Marie | | W. | 6 | |
| Robert | | W. | 4 | |
| Wear | | W. | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|----------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.O. | SHEET |
| 140 | Lavell James A | | 6 | 13 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 32 | Mo. | | |
| COUNTY | | | CITY | |
| Ascension | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amie E | w | 30 | Tex | |
| Callie C | s | 7 | Tex | |
| Marguerite | d | 5 | Tex | |
| Mary V | d | 2 | | |
| Eugene Mary J | m | 57 | W C | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|-----|------------|--|
| 5140 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| 26 | | 46 | | 38 | | 43 | |
| COLOR | | AGE | | BIRTHPLACE | | | |
| | | | | N.Y. | | | |
| COUNTY | | | | CITY | | | |
| Lafourche | | | | Thibodaux | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 440 | NAME OF INDIVIDUAL
<i>Lafaille James I</i> | | E.D.
<i>108</i> | SHEET
<i>16</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>29</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Sabine</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Price, Perry P</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOP-DC 1910-P61

| | | LOUISIANA | |
|--|-----------|------------|-----------------|
| NAME OF INDIVIDUAL | L/40 | | E.D. 40 SHEET 7 |
| COLOR | AGE | BIRTHPLACE | |
| W | 3 | | |
| COUNTY | Calcasieu | CITY | |
| ENUMERATED WITH | | | |
| Le Blue, Eli J. | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 33%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 33%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 243 | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | Leopold Janas | | 50 | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plaquemines | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schexnayder, Andrew | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 19-37 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1010-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2140 | | NAME OF INDIVIDUAL
<i>Lovelle Jane</i> | | E D
83 | SHEET
1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>9</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Natchitoches</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Sheward Hardy</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P61

LOUISIANA

| | | | | |
|-------------------------|----------------------------------|-------------------|-------------|-------------|
| L. L. | HEAD OF FAMILY
L. Blue Jasque | | E.D.
123 | SHEET
28 |
| COLOR
W | AGE
44 | BIRTHPLACE | | |
| COUNTY
St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE |
| L. Jasque | | w | 44 | |
| Alcee | | s | 21 | |
| Theoph | | s | 15 | |
| Eva | | d | 13 | |
| Leopaul | | s | 7 | |
| Angellor | | s | 7 | |
| | | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| COLOR | | AGE | BIRTHPLACE | LOUISIANA | |
|-------------------------|--|---------------|------------|------------|-------|
| 3 | | 36 | | E.D. | SHEET |
| HEAD OF FAMILY | | Lepold, James | | 95 | 7 |
| COUNTY | | | CITY | | |
| Morehouse | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | | H | 34 | | |
| Tom | | S | 8 | | |
| Thomas | | S | 7 | | |
| Sam | | B | 6 | | |
| Mary | | L | 4 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------------------------|--------------|----------------|
| L140 | HEAD OF FAMILY
Lapal, Jerry | | E.D. 937 SHEET |
| COLOR
B | AGE
18 | BIRTHPLACE | |
| COUNTY
Morehouse | CITY
Morehouse | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| / Jerry | | W | 17 |
| / Jerry Jr | | B | 4 |
| | | | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|------|---|--------------------|
| L140 | | NAME OF INDIVIDUAL
<i>Lovely jessie</i> | | E.D.
<i>17</i> | SHEET
<i>20</i> |
| COLOR
<i>B</i> | AGE
<i>21</i> | BIRTHPLACE | | | |
| COUNTY
<i>Bossier</i> | | | CITY | | |
| ENUMERATED WITH
<i>Williams Eliza</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|--------------|----------|------------|-------|--|
| 2140 | | HEAD OF FAMILY | | E.O. | | SHEET | |
| | | Loreley Jim | | 112 | | 19 | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| B | 44 | | | | | | |
| COUNTY | | | | CITY | | | |
| Ouachita | | | | Harrison | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Elice | | | W | 24 | | | |
| Luther, Mary | | | ML | 22 | Tex | | |
| Willard, Martha | | | SIL | 25 | | | |
| Thos | | | BL | 23 | | | |
| Carry | | | NI | ? | | | |
| Lilly | | | NI | 3 | | | |
| Lark | | | V | 1 | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|----------|---|------|--|-------|
| C140 | | NAME OF INDIVIDUAL | | E.O. | SHEET |
| | | Labella Ginnie | | 87 | 13 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 48 | Italy | | | |
| COUNTY | St. Mary | | CITY | | |
| ENUMERATED WITH | | | | | |
| Gross Joe | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

| | | | | |
|--|--|--|------------|-------------|
| C143 | NAME OF INDIVIDUAL
<i>Lesfield, Gabriell</i> | | E.O.
95 | SHEET
21 |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | | |
| COUNTY
<i>Red River</i> | | CITY | | |
| ENUMERATED WITH
<i>Robinson, George</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 1610B-P61

LOUISIANA

| | | | | | | | |
|-------------------------|---|----------------|--------------|------------|------------|-------|--|
| L140 | | HEAD OF FAMILY | | E.O. | | SHEET | |
| LABELL | | JOE | | 74 | | 26 | |
| COLOR | 4 | AGE | 76 | BIRTHPLACE | | | |
| | | | | Italy | | | |
| COUNTY | | | Calcasieu | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Josephine | | | W | 35 | Italy | | |
| Linnice | | | D | 17 | Italy | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|-------------------|
| R140 | | NAME OF INDIVIDUAL
<i>Levell Joe</i> | | E.O.
<i>52</i> | SHEET
<i>3</i> |
| COLOR
<i>W</i> | AGE
<i>30</i> | BIRTHPLACE
<i>Tex</i> | | | |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Jennings</i> | | | |
| ENUMERATED WITH
<i>Loddell Elizabeth</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>/</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15199-P61

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| 2146 | HEAD OF FAMILY | | E.O. | SHEET |
| | Schell, Joe | | 44 | 26 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 40 | Italy | | |
| COUNTY | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Josephine | | W | 35 | Italy |
| Annie | | D | 17 | Italy |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|--|---|---|----|--|--|------|-------|
| L140 | | NAME OF INDIVIDUAL | | Lafite Joe | | E.O. | SHEET |
| COLOR | W | AGE | 28 | BIRTHPLACE | | 57 | 1 |
| COUNTY | | | | CITY | | | |
| ENUMERATED WITH | | | | Iberville, L. J. Hillie | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Com | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18183-P01

LOUISIANA

| | | | | |
|--|--|---|-------------|-------------|
| 2 142 | NAME OF INDIVIDUAL
<i>Leappolis Joe</i> | | E.D.
102 | SHEET
12 |
| COLOR
<i>B</i> | AGE
<i>40</i> | BIRTHPLACE | | |
| COUNTY
<i>Ouachita</i> | CITY
<i>Niangua</i> | | | |
| ENUMERATED WITH
<i>Chita Collins Hill</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>C</i> | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DS 18100-P41

PRODUCT OF

Thompson Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
ORDERED EVERYWHERE

Soudex
QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | e | f | g |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E D SHEET |
| | 35 | | 19 11 |
| COUNTY | | CITY | |
| Red River | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Martin | W | 21 | |
| John | H | 9 | |
| Leah | S | 6 | |
| Lucia | D | 2 | |
| Ed | S | 4 | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5-46 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E. D. | SHEET |
| 13 | 28 | Leavel John | | 84 | 14 |
| COUNTY | | CITY | | | |
| Madison | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosa | | W | 32 | | |
| Mary | | D | 7 | | |
| William | | S | 4 | | |
| Gert | | S | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| L 140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | BIRTHPLACE | Acadia, JOHN |
| COUNTY | | Acadia | | CITY | Rayne |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Celema | | W | 40 | | |
| Terrese | | D | 18 | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L143

| | | | | | |
|-------------------------|---------|----------------|-----|------------|-------|
| 1440 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 0 | 47 | | | 111 | 14 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Celeste | W | 38 | | |
| | Elex | S | 19 | | |
| | Edmond | S | 17 | | |
| | OPHELIA | D | 12 | | |
| | LULA | D | 10 | | |
| | Sheoria | S | 9 | | |
| | FREEMIL | S | 8 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------|--------------|-----|------------|
| / ELA | D | 7 | |
| PHILIP | S | 5 | |
| BROWN PHILIP | N | 2 | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1150000-00 18199-P61

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | |
| 21 | 73 | Canada | |
| COUNTY | Calcasieu | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Clara | W | 66 | Canada |
| Harvey | S | 22 | Vietnam |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 53 | BIRTHPLACE | Laurel, N. H. |
| COUNTY | | Terrebonne | | CITY | |
| | | | | Houma | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dennis | | 21 | 76 | | |
| Medonia | | 51 | 35 | | |
| Rebecca | | 51 | 33 | | |
| Angelina | | 51 | 24 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 19 | BIRTHPLACE | Family, John |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Madester | | W | 16 | | |
| Mandy | | M | 14 | | |
| Mary | | S | 14 | | |
| Laurie | | B | 7 | | |
| James | | B | 21 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| L141 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 30 | E.O. | 82 |
| | | BIRTHPLACE | 7 | | |
| COUNTY | | | CITY | | |
| John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Joseph | | S | 4 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-----|
| R 42 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 60 | BIRTHPLACE | La. |
| COUNTY | | Red River | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Maue | h | 60 | La | |
| | Anderson | h | 36 | ! | |
| | Phelan | W | 4 | | |
| | Cartner | W | 5 | | |
| | Wilk | W | 6 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|---------------|------------|-------|
| 142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 21 | Laurens, S.C. | 99 | 12 |
| COUNTY | | | CITY | | |
| Red River | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Della | | W | 19 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|-----|------------|--------------|
| 7143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 47 | BIRTHPLACE | Leviell John |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Celeste | W | 38 | | |
| | Clee | S | 19 | | |
| | Edmond | S | 17 | | |
| | Aphelia | D | 12 | | |
| | Lula | D | 10 | | |
| | Thedra | S | 9 | | |
| | Fredra | S | 8 | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED | | LOUISIANA | |
|----------------------------|--------------|-------------|------------|
| | | CARD 2 OF 2 | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / Cla | D | 7 | |
| Brown Philip | S | 5 | |
| Philip | N | 2 | |
| | | | |
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| | | | |

FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L 143 | | NAME OF INDIVIDUAL
<i>Lespold, John</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>20</i> | BIRTHPLACE | | E.O.
<i>66</i> | SHEET
<i>27</i> |
| COUNTY
<i>Lafayette</i> | | CITY | | | |
| ENUMERATED WITH
<i>Fork, Augustus</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Labourer</i> | |

FORM 15-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 444 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 34 | Ark | | 107 | 19 |
| COUNTY | | Sabin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rebecca | | W | 25 | Ark | |
| Vera | | D | 8 | Ark | |
| Marie | | D | 7 | Ark | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|----------------|------|------------|---|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | E.D. | 1 |
| | | BIRTHPLACE | | SHEET 14 | |
| COUNTY | | | CITY | | |
| Calumet | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Eva C | W | 25 | ala | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|----------|------------|-------|
| 202 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 53 | White | | 114 | 7 |
| COUNTY | | | CITY | | |
| Richmond | | | Brazoria | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L140 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| w | 34 | Louisiana | 128 | 4 |
| COUNTY | | CITY | | |
| Washington | | Franklin | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1. J. B. | | w | 32 | Ohio |
| Catherine R. | | d | 4 | |
| + 1 son | | | | |
| | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|-----------------------|-----------|------------|
| 542 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR 13 | AGE 29 | Name John J. Loveless | | E.D. 91 |
| COUNTY | | BIRTHPLACE | | SHEET 19 |
| Po1 River | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Anna | | W | 24 | |
| Cora | | S | 4 | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 38 | John M | | 163 | 4 |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mama | | W | 33 | | |
| Marguerite | | D | 15 | | |
| Therese | | D | 12 | | |
| Olympe | | D | 7 | | |
| Lara | | D | 3 | | |
| Selma | | D | 1 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | Tex. |
| COUNTY | | St. Tammany | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sallie | | W | 50 | Tex. | |
| Flora | | D | 24 | Tex. | |
| Claude | | S | 19 | Tex. | |
| Myrtle | | D | 17 | Tex. | |
| Pearl | | D | 16 | Tex. | |
| Ope S | | S | 13 | Tex. | |
| William R | | S | 9 | Tex. | |

FORM 10-630 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 640 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| | | | | 15 | 2 |
| COUNTY | | St. Charles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | 24 | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| 9.40 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| | W 27 | Italy | 74 | 3 |
| COUNTY | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Fraddella | | W | 20 | Italy |
| Antonina | | D | 11 1/2 | |
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FORM 10-636 (10-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| L140 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 49 | Joseph | 33 | 1 |
| COUNTY | | CITY | | |
| Calcasieu | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Caroline M | W | 43 | | |
| Joseph E | S | 21 | | |
| Jackson J | S | 19 | | |
| Sullivan | S | 17 | | |
| Mary | D | 16 | | |
| Rose | D | 15 | | |
| Martin D | S | 13 | | |

FORM 18-436 (6-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

FORM 10-434a 14 20 81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1520444 DC 15198-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | Joseph |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. A. G. | | W | 60 | | |
| M. A. G. | | 2 | 28 | | |
| F. A. G. | | 5 | 26 | | |
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FORM 10-436 (10-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| X140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 21 | Leblanc Joseph | | 148 | 10 |
| COUNTY | | Vernon | | CITY | |
| | | | | Racine | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living since | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------|-----------|------------|
| 8142 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| Wm | 39 | Lavelle Joseph | 16 | 12 |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Walter | | W | 28 | |
| Lillian Samuel | | SS | 18 | |
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FORM 70-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 29 | Ludlow Hayes | | 28 | 17 |
| COUNTY | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Josephine | | W | 32 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 2143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Joseph |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ligeia | | w | 29 | | |
| Loma | | 5 | 8 | | |
| Linda | | 1 | 1 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 5143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 60 | | | 141 | 20 |
| COUNTY | | | CITY | | |
| Natchitoches | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Luzie | | W | 54 | | |
| Salamin | | D | 22 | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|--|--------------|-----------|-------------|
| L143 | HEAD OF FAMILY
<i>Leopold Joseph Jr</i> | | E.D.
8 | SHEET
13 |
| COLOR
B | AGE
45 | BIRTHPLACE | | |
| COUNTY
Acadia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| | <i>Mary</i> | <i>W</i> | <i>35</i> | |
| | <i>Barbara</i> | <i>S</i> | <i>14</i> | |
| | <i>Joseph Jr</i> | <i>S</i> | <i>16</i> | |
| | <i>Mildred</i> | <i>S</i> | <i>11</i> | <i>S</i> |
| | <i>Clarice</i> | <i>S</i> | <i>7</i> | |
| | <i>Marguerita</i> | <i>D</i> | <i>5</i> | |
| | <i>Rose</i> | <i>D</i> | <i>4</i> | |

CARD 2 OF 2

HEAD OF FAMILY - CONTINUED

OTHER MEMBERS OF FAMILY

OTHER MEMBERS OF FAMILY

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

1 Ida

D

2

FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15902-1 51

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|-------------------|
| 1140 | | NAME OF INDIVIDUAL
<i>Stueley Joseph F.</i> | | E.D.
<i>6</i> | SHEET
<i>1</i> |
| COLOR
<i>W</i> | AGE
<i>14</i> | BIRTHPLACE | | | |
| COUNTY
<i>Caldwell</i> | | CITY | | | |
| ENUMERATED WITH
<i>Baker, George H</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Step C</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| L. 40 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | E.D. | 148 |
| | | BIRTHPLACE | | SHEET 17 | |
| COUNTY | | Vernon | | CITY | |
| | | | | Raspine | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Francis | | W | 44 | | |
| Hattie | | D | 23 | | |
| Beulah | | D | 19 | | |
| Maggie | | D | 17 | | |
| Aaron | | S | 15 | | |
| Mike | | S | 13 | | |
| Cussy | | D | 11 | | |

FORM 10-636 (4-20-61)
1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|----------|------------|
| <i>Leola</i> | <i>D</i> | <i>7</i> | |
| <i>Leane</i> | <i>D</i> | <i>6</i> | |
| <i>John B.</i> | <i>S</i> | <i>4</i> | |
| <i>Edwina</i> | <i>S</i> | <i>1</i> | |
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10-6360-4-6

1910 CENSUS INDEX FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

GENERAL 10100-1-61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 28 | | 16 | 28 |
| COUNTY | | | CITY | | |
| Ass. Hcs | | | Manassa | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lemoria | | W | 26 | | |
| Hesterade | | D | 5 | | |
| Wagzil | | D | 3 | | |
| Edna | | D | 1 | | |
| Agnes | | D | 2 1/2 | | |
| | | | | | |
| | | | | | |

FORM 18-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|----------------------------|---|------------------------|-------------------|-------------------|
| L140 | HEAD OF FAMILY
<i>Laille Josephine</i> | | E.D.
<i>59</i> | SHEET
<i>4</i> |
| COLOR
<i>W</i> | AGE
<i>45</i> | BIRTHPLACE
<i>✓</i> | | |
| COUNTY
<i>Iberville</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Ward</i> | | <i>D</i> | <i>20</i> | |
| <i>Hazel</i> | | <i>D</i> | <i>19</i> | |
| <i>Hilda</i> | | <i>D</i> | <i>17</i> | |
| <i>Helene</i> | | <i>D</i> | <i>15</i> | |
| <i>Pauline</i> | | <i>S</i> | <i>13</i> | |
| <i>Alouise</i> | | <i>S</i> | <i>9</i> | |
| <i>Elsie</i> | | <i>S</i> | <i>6</i> | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------------|--------------|-----------|------------|
| <i>Ruth Alice</i> | <i>Bo</i> | <i>62</i> | |
| <i>James Peter</i> | <i>Sc</i> | <i>70</i> | |
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FORM 10-636a (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-F-01

LOUISIANA

| | | | | | |
|--|-----------|---|--|---|-------------|
| F140 | | NAME OF INDIVIDUAL
Le Blue Jules | | E.D.
36 | SHEET
74 |
| COLOR
W | AGE
26 | BIRTHPLACE | | | |
| COUNTY
Calcasieu | | CITY
Lake Charles | | | |
| ENUMERATED WITH
Grousard Jerry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX, INDIVIDUAL

USCOMM-DC 18105-P01

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L140 | HEAD OF FAMILY | E.O. | SHEET |
| | Le Bleu, Jules | 4 | 6 |
| COLOR | AGE | BIRTHPLACE | |
| W | 52 | | |
| COUNTY | Acadia | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Laura | W | 23 | |
| Justilian | S | 20 | |
| Pierre D | S | 18 | |
| Eva | D | 13 | |
| Ellia | D | 11 | |
| Jean Bte | S | 8 | |
| Theresa D-L | | 29 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

RELATIONSHIP

AGE

BIRTHPLACE

| | | | |
|---|--------|-----|---|
| 1 | Custin | .55 | 2 |
|---|--------|-----|---|

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 13198-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blue Jules | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W. | 64 | | | | |
| COUNTY | | CITY | | | |
| Calcasieu | | Lake Charles | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Artemus | | W. | 57 | | |
| Annie | | D. | 23 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 140 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 76 | | 104 | 33 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Terrebonne | | | Houma | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lovell John | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&MS-DC 18100-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 4146 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E. D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Man | 20 | | | 34 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| John, T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 31 | | 34 | 15 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| F. J. J. J. | | W | 70 | | |
| Lillian | | | 9 | | |
| Edmond | | | 17 | | |
| Kreston | | | 14 | | |
| James | | | 1 | | |
| Cook, A. C. | | W | 12 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | E.D. | 65 |
| | | BIRTHPLACE | | SHEET | 8 |
| COUNTY | | LIVINGSTON | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Constance | | W | 31 | | |
| Maria | | D | 3 | | |
| Effie | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|----------|------------|--------------------|
| 2743 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | E | AGE | 65 | BIRTHPLACE | Leopold Lara Lance |
| | | | | E.D. | 97 |
| | | | | SHEET | 27 |
| COUNTY | | | M. Thoms | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | | W | 37 | | |
| Pollant Egan | | S/D | 10 | | |
| Powers Jeffrey | | S/D | 7 | | |
| Leon | | S | 5 | | |
| Lucille | | D | 3 | | |
| Emma | | D | 5 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|-----|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 14 | BIRTHPLACE | 492 |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 54 | | | 128 | 18 |
| COUNTY | | CITY | | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Azeline | | W | 50 | | |
| Alexis | | S | 18 | | |
| Cecile | | D | 16 | | |
| Robert | | S | 10 | | |
| Luscelle | | D | 7 | | |
| Nalzi | | S | 6 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|-----------------------|--|-----------|-----|
| 2140 | | HEAD OF FAMILY | | Louisville, Tennessee | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | | E.D. | 112 |
| | | | | | | SHEET | 3 |
| COUNTY | | | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Rosa | | w | 40 | | | | |
| Agatha | | d | 19 | | | | |
| Mary | | d | 17 | | | | |
| John | | 2 | 12 | | | | |
| Lillian | | d | 9 | | | | |
| Richard | | s | 4 | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----------|------------|----|
| 240 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 70 | BIRTHPLACE | 77 |
| | | | | SHEET 8 | |
| COUNTY | | | Calcasieu | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Cora L. | W | 48 | | |
| | Mattie | D | 20 | | |
| | Edgar | S | 16 | | |
| | Nathan | S | 14 | | |
| | Ethel L. | D | 12 | | |
| | Cora L. | D | 8 | | |
| | Wesley | S | 6 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|--------------------|------|------------|-------|
| R140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| D | 29 | Blanc Laurance Jr. | | 77 | 8 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Cecile | | W | 24 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 30 | Learna | 8 | 12 |
| COUNTY | | | CITY | | |
| Catahoula | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lena | | W | 28 | | |
| David | | Brother | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|------|------------|-----------|
| 140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 20 | BIRTHPLACE | Calcasieu |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 18-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18189-P81

| | | | | | |
|--|---|---|------|---|------|
| L 143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 16 | BIRTHPLACE | E.D. |
| | | | | Calcasieu | 43 |
| COUNTY | | | CITY | De Lancy | |
| ENUMERATED WITH | | Kendall Bice | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 1902 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| C | 33 | | | 28 | 28 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bennett | | W | 32 | | |
| Edward | | S | 17 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------------------|------------|------------|
| 2142 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
Nue | AGE
52 | NAME
L. A. L. Leonard | | E.D.
16 |
| BIRTHPLACE | | SHEET
11 | | |
| COUNTY | | | | |
| Avery | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Virginia | W | 50 | | |
| Charles | D | 23 | | |
| Clifton | S | 22 | | |
| Matthews | S | 17 | | |
| Lubline | S | 16 | | |
| Corinne | D | 14 | | |
| Wiltze | S | 9 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-------|----------------|--|-----------|----|
| 2140 | | HEAD OF FAMILY | | LABOUL, Leonce | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | | E.D. | 20 |
| | | | | | | SHEET | 6 |
| COUNTY | | | | Avery | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Elena | | W | 30 | | | | |
| Clifton | | S | 12 | | | | |
| Edton | | S | 10 | | | | |
| Mamie | | S | 8 | | | | |
| Etta | | S | 6 | | | | |
| Emma | | S | 5 1/2 | | | | |

FORM 10-634 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|---|--|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR W | | AGE 12 | | E.D. 153 SHEET 3 | |
| BIRTHPLACE | | COUNTY | | | |
| B. andry | | CITY | | | |
| ENUMERATED WITH | | | | | |
| Brown Palin | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
AA | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|----------|----------------|-----|------------|--|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| Lacielle, Lerna J | | E.D. | | SHEET | |
| COLOR | W | AGE | 36 | BIRTHPLACE | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Royce | W | 22 | | |
| | Lester L | W | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|-------------------|
| L 140 | | NAME OF INDIVIDUAL
<i>Le Blum, Lesine</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | E.O.
<i>6</i> | SHEET
<i>3</i> |
| COUNTY
<i>Acadia</i> | | CITY | | | |
| ENUMERATED WITH
<i>Guidry, Mathias</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCL E | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16199-P41

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| L 140 | | NAME OF INDIVIDUAL
L. Blue Leri | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
18 | BIRTHPLACE | | E.D.
32 | SHEET
28 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Calcasieu | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Marcel Dick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>SS</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SS | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P-61

| | | | | | |
|--|------------------|---|--|--|-------------------|
| 140 | | NAME OF INDIVIDUAL
<i>L. B. Lillian</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>17</i> | BIRTHPLACE | | E.D.
<i>32</i> | SHEET
<i>3</i> |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Welsh</i> | | | |
| ENUMERATED WITH
<i>Bourgeois, May</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Daughter</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCENSUS-DC 1910B-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 840 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 33 | | | 11 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Iberia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wesley Minus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-----------------------|---|--|---|------------|------|
| 2142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 8 | BIRTHPLACE | E.D. |
| | | | | 121 | |
| | | | | SHEET | |
| | | | | 49 | |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | Lafleaux, Alphonse | | | |
| RELATIONSHIP TO ABOVE | | <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|----|
| 243 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 21 | E.D. | 66 |
| | | BIRTHPLACE | | SHEET 11 | |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Louise Bell | | W | 20 | | |
| Atientia | | D | 7 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------------|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>L. 140 La Bleu, Lorina</i> | | E.O.
<i>32</i> | | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>13</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Welsh</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Bougeois, May</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Daughter</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Daughter</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Daughter</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1610-P61

LOUISIANA

L 142 HEAD OF FAMILY *Loxleaux, Lozivia* E.D. *12147* SHEET

COLOR *W* AGE *50* BIRTHPLACE

COUNTY *St. Landry* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----------|------------|
| <i>Alma's</i> | <i>D</i> | <i>22</i> | |
| <i>Mitchell</i> | <i>S</i> | <i>14</i> | |
| <i>Arzellia</i> | <i>D</i> | <i>11</i> | |
| | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 57 | Louis | 4 | 6 |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Melinda | | W | 56 | | |
| Walter | | S | 19 | | |
| Ernest | | S | 17 | | |
| Daisy | | D | 19 | | |
| Colgar | | S | 16 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 31 | BIRTHPLACE | Lovely Louis |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Gloria | | W | 23 | | |
| 1 Cora | | D | 6 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | Le Blew Louisiana |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Hattie | | W | 22 | | |
| and 2 Lodgers | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|------|---|--|
| L 142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| P | 29 | Louisiana Louis | 14 | 7 | |
| COUNTY | | | | | |
| ENUMERATED WITH | | AUGUST 1885 | | | |
| RELATIONSHIP TO ABOVE | | Shepard Yere | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10190-P01

| | |
|-------|----------------|
| L 142 | HEAD OF FAMILY |
| COLOR | |

| | | | | | |
|-------------------------|-----------|----------------|------|------------|----|
| 142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | Ma | AGE | 47 | BIRTHPLACE | 14 |
| COUNTY | Avoyelles | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosa | | W | 41 | | |
| Emile | | M | 10 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------|--|----------------|--|
| 142 | | HEAD OF FAMILY | |
| COLOR | | AGE | |

| | | | | | |
|-------------------------|----|----------------|----------|------------|----|
| 2142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | me | AGE | 48 | BIRTHPLACE | |
| COUNTY | | | | E.D. | 16 |
| | | | SHEET 13 | | |
| Avovelles | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosa | | w | 49 | | |
| Rosa | | D | 22 | | |
| George | | S | 21 | | |
| Josephine | | D | 17 | | |
| Lawrence | | D | 16 | | |
| Saraheline | | D | 10 | | |
| Ambrose | | S | 15 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|----------------------------|--|-----------|
| HEAD OF FAMILY - CONTINUED | | LOUISIANA |
|----------------------------|--|-----------|

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | CARD 2 OF 2 |
|-------------------------|--------------|-----|-------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Agnes</i> | D | 6 | |
| <i>Corrie</i> | D | 4 | |
| <i>Paul</i> | S | 1 | |
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FORM 10-636e 14-20-61
 1910 CENSUS INDEX - FAMILY (Continued)
 U.S. DEPARTMENT OF COMMERCE

FORM 10-6360 14-20-81

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 15100-P61

HEAD OF FAMILY

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| 142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 39 | Lovelace, Louis | | 14 | 7 |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | w | 38 | | |
| Louisa | | d | 17 | | |
| Melina | | d | 15 | | |
| Emeline | | d | 12 | | |
| Suzanna | | d | 10 | | |
| Maria | | d | 9 | | |
| Edward | | s | 6 | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|----------------------------|--|
| HEAD OF FAMILY - CONTINUED | |
|----------------------------|--|

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| MEMBERS OF FAMILY | | | | PAGE NO. |
|-------------------|--------------|----------------|------------|----------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Katerina | S | ✓ | | |
| Lena | D | $\frac{5}{12}$ | | |
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FORM 18-634e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18186-P01

2140
COLOR

HEAD OF FAMILY

1910-1911

2170

HEAD OF FAMILY

La Blum, Louis O.

LOUISIANA

COLOR W

AGE 40

BIRTHPLACE

E.D. 49

SHEET 22

COUNTY Calcasieu

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| Valentine | W | 37 | |
| Louvenia | A | 12 | |
| Alma | A | 8 | |
| Julia | A | 4 | |
| | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2172

HEAD OF FAMILY

Lavalin, J.

COLOR

| | | | | | |
|-------------------------|--|---------------------------------|------------|-------------------------------|--|
| 1412
COLOR 8 | | HEAD OF FAMILY
Lavais Lucien | | LOUISIANA
E.D. 23 SHEET 10 | |
| COUNTY | | AGE 47 | BIRTHPLACE | | |
| Avoyelles | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelia | | W | 42 | | |
| Landon | | S | 18 | | |
| Uonie | | S | 11 | | |
| Felix | | S | 16 | | |
| Paul | | S | 14 | | |
| Verina | | S | 13 | | |
| Australia | | D | 11 | | |

FORM 10-34 (4-20-01)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Salem C. | S | 10 | |
| James S | S | 9 | |
| Fannie | D | 9 | |
| Worthy M | S | 3 | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|--|---|--------------------|------------|------------|-------------------|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 4 | BIRTHPLACE | E.D. 112 SHEET 11 |
| COUNTY | | | Terrebonne | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P01

1910-601

| | | | | | |
|-------------------------|------------|----------------|------|------------|-------------|
| 5140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | Lovel. Mach |
| COUNTY | Terrebonne | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eve | | W | 38 | | |
| Cecilia | | d | 8 | | |
| Elna | | d | 6 | | |
| Madeleine | | d | 4 | | |
| Mach Jr | | s | 1 | | |
| | | | | | |
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FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2140 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|------|------------|------------------|
| L 1710 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | Le. Bleu, Maloy. |
| COUNTY | | | E.D. | 49 | SHEET 22 |
| Calcasieu | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Nora | | W | 21 | | |
| Alton | | S | 2 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|---|--|--|-------|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 44 | | | 83 | 14 |
| COUNTY | | CITY | | | |
| | | Pointe Coupee | | | |
| ENUMERATED WITH | | | | | |
| Lovely, John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC0144-DC 18188-P61

| | | | | | |
|--|------------------|---|--|---|-------------------|
| L142 | | NAME OF INDIVIDUAL
<i>La Plaisance</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>12</i> | BIRTHPLACE
<i>Marine</i> | | E.D.
<i>100</i> | SHEET
<i>2</i> |
| COUNTY | | CITY | | | |
| ENUMERATED WITH
<i>Burns</i> | | <i>Quachita</i> | | | |
| RELATIONSHIP TO ABOVE
<i>Sister</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>E</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC104-DC 18198-P61

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| 2142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| | 64 | L. L. L. Manito | | 28 | 17 |
| COUNTY | | Jefferson | | | |
| | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Stewart | | S | 23 | | |
| Estelle | | DL | 27 | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|----|
| L 142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLO. | 23 | AGE | 47 | E.D. | 18 |
| | | BIRTHPLACE | | SHEET 3 | |
| COUNTY | | Avoyelles | | CITY | |
| | | | | Hessmer | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise M | | w | 39 | | |
| Stella | | d | 21 | | |
| Ella B | | d | 16 | | |
| Beulah | | d | 14 | | |
| Lula B | | d | 11 | | |
| Clarence | | s | 8 | | |
| Lable | | s | 6 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|----------------------------|--|-----------|
| HEAD OF FAMILY - CONTINUED | | LOUISIANA |
| | | |

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-OF 15102-761

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------------|
| LT40 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 68 | BIRTHPLACE | E.D.N. 65
SHEET 5 |
| COUNTY | | Livingston | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adam | | S | 36 | | |
| Alice | | D | 25 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|---------------|--------------------------------|-----------|----------------|----------------|
| P 142 | | HEAD OF FAMILY <i>Lavalais</i> | | E.D. <i>16</i> | SHEET <i>3</i> |
| COLOR <i>Wm</i> | AGE <i>43</i> | BIRTHPLACE | | | |
| COUNTY <i>Acayelles</i> | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Gdells</i> | | <i>D</i> | <i>36</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----------|---|------|--|-------------|
| 4142 | | NAME OF INDIVIDUAL
<i>Louise Martha</i> | | ED
32 | SHEET
16 |
| COLOR
<i>B</i> | AGE
16 | BIRTHPLACE | | | |
| COUNTY
<i>Concordia</i> | | | CITY | | |
| ENUMERATED WITH
<i>Louis Rasmus</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>el</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

LOUISIANA

| | | | | | | | | |
|-------------------------|----|----------------|----|-------------------|--|-----------|---------|------------|
| 1140 | | HEAD OF FAMILY | | La Blue, Mathilda | | LOUISIANA | E.D. 10 | SHEET 31 |
| COLOR | Mr | AGE | 28 | BIRTHPLACE | | | | |
| COUNTY | | | | Acadia | | | | |
| | | | | CITY Crowley | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | | BIRTHPLACE |
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FORM 10-434 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----------|-------------|----|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | ll | AGE | 58 | BIRTHPLACE, | ll |
| | | 58 | | | |
| COUNTY | | | Calcasieu | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Liliah | | 41 | | | |
| Liliah | | 5 | | | |
| John | | 2 | | | |
| Morus | | 2 | | | |
| Eva | | 60 | | | |
| M. Jay | | 65 | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|----|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L140 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 18 | E.D. | 153 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Landry | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brown Palin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16100-P61

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L 140 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 47 | | | 36 |
| COUNTY | | CITY | | |
| | | Lake Charles | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Rosa F | | W | 19 | |
| Rosalie | | W | 12 | |
| Bayle | | S | 18 | |
| Walter | | S | 16 | |
| Lawrence | | S | 15 | |
| Y / Boarder | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|---|--|
| 7140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | ED. | |
| B | | 14 | | 83 | |
| BIRTHPLACE | | SHEET | | 14 | |
| COUNTY | | CITY | | | |
| Pointe Coupee | | | | | |
| ENUMERATED WITH | | Lovely, John | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
si | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| L 142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 8 | 18 | Louisiana Mary | | 14 | 7 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-61

| | | | | | |
|---|-----|---|--|--|-------|
| L 143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTH PLACE | | E.D. | SHEET |
| B | 4 | Leopold, Mary | | 95 | 7 |
| COUNTY | | CITY | | | |
| Morehouse | | | | | |
| ENUMERATED WITH | | | | | |
| Leopold, Ashly | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|-------|
| 6140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 17 | BIRTHPLACE | Ed. 6 |
| COUNTY | | Caldwell | | CITY | |
| ENUMERATED WITH | | | | | |
| Baker, George H | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INSANE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Shop C | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|-------|
| L 142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | Age | BIRTHPLACE | | E.D. | SHEET |
| Wm | 15 | | | 26 | 4 |
| COUNTY | | CITY | | | |
| | | Berklee Town | | | |
| ENUMERATED WITH | | Walter Spee | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SD | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10190-P01

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| 2142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 21 | | | 102 | 12 |
| COUNTY | | CITY | | | |
| Ouachita | | Monroe | | | |
| ENUMERATED WITH | | | | | |
| Collins Hill | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| 21 | 44 | Lafourche | | 38 | 43 |
| COUNTY | | CITY | | | |
| | | Thibodaux | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L. 40 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 35 | | 104 | 33 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jefferson | | | Houma | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louell John | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Si | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2140 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| White | 75 | Blue, Missouri | 34 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reliffton, * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L 140 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 33 | | | 49 14 |
| COUNTY | | CITY | | |
| Calcasieu | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| W. Orleans | | W | 27 | |
| Clerence | | S | 12 | |
| Nason | | S | 6 | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L 140 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 48 | | | 492 |
| COUNTY | | CITY | | |
| Calcasieu | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Clusna | | 16 | 58 | |
| Henry | | 8 | 16 | |
| 42 servants | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|---------------|-------|
| 7142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 31 | | 170 | 8 |
| COUNTY | | | St. Martin | CITY | |
| | | | | Breaux Bridge | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Helen | | 1 | 70 | | |
| Ludwig | | 5 | 3 | | |
| 44 | | | | | |
| 41 | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L 140 | NAME OF INDIVIDUAL
<i>Le Bleu Moise</i> |
| E.O. 49 | SHEET 2 |
| COLOR
<i>W</i> | AGE
<i>24</i> |
| BIRTHPLACE | |
| COUNTY
<i>Calcasieu</i> | CITY |
| ENUMERATED WITH
<i>Le Bleu Colis-asse</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18186-P61

| | | | | | |
|--|--|---|------------|--|---------------------------|
| 2 140 | | NAME OF INDIVIDUAL
<i>Le Bleu Monday</i> | | LOUISIANA | |
| COLOR
<i>W</i> | | AGE
<i>35</i> | BIRTHPLACE | | E.D. SHEET
<i>49 2</i> |
| COUNTY
<i>Calcasieu</i> | | | CITY | | |
| ENUMERATED WITH
<i>Rushencky John</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>Companion</i> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

| | | | | | |
|-------------------------|---|----------------|------|------------|---------------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 24 | BIRTHPLACE | Laurel, Miss. |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | w | 28 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|--|--|
| 142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| mu | | 19 | | 63 | |
| BIRTHPLACE | | SHEET | | 9 | |
| COUNTY | | CITY | | | |
| La Salle | | | | | |
| ENUMERATED WITH | | JONES, Peter | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

| | | | | | |
|-------------------------|-------|----------------|--------------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W' | | 30 | Calcasieu | 35 | 26 |
| COUNTY | | | CITY | | |
| | | | Lake Charles | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Ellen | W' | 23 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|--|-------------------|
| 442 | | NAME OF INDIVIDUAL
<i>Lovelace Ned</i> | | LOUISIANA | |
| COLOR
<i>B</i> | | AGE
<i>5</i> | | E.D.
<i>8</i> | SHEET
<i>8</i> |
| COUNTY
<i>Catahoula</i> | | CITY | | | |
| ENUMERATED WITH
<i>Blanson Ned.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

| | | | | | | | |
|-------------------------|---|----------------|-----|------------------|--|-----------|-------|
| 2140 | | HEAD OF FAMILY | | Louisell Neville | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | | E.O. | 13637 |
| COUNTY | | | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Josephine | | W | 53 | | | | |
| Edwin | | S | 16 | | | | |
| Fegelia | | D | 14 | | | | |
| Edgar | | S | 7 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| L 140 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 29 | | H 9 | 1 |
| COUNTY | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cordia | W | 36 | | |
| Schell | S | 3 | | |
| Seclen | B | 23 | | |
| Clara | S | 25 | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L140 | NAME OF INDIVIDUAL <i>Le Bleu Noya</i> |
| COLOR <i>B</i> | E.D. <i>4</i> SHEET <i>11</i> |
| AGE <i>16</i> | BIRTHPLACE |
| COUNTY | CITY |
| <i>Acadia</i> | |
| ENUMERATED WITH <i>Le Bleu Edgar</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>ss</i> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16109-P61

| | | | | | |
|--|-----|---|--|---|-------|
| L140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 16 | | | 23 | 10 |
| COUNTY | | CITY | | | |
| | | East Baton Rouge | | Baton Rouge | |
| ENUMERATED WITH | | | | | |
| Cherry Sheldon | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> ROOMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 10-20-611

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L140 | NAME OF INDIVIDUAL
LaBlanc, Ollie M. | | E.D.
32 | SHEET
3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
15 1/2 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Calcasieu | | CITY
Welsh | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Bourgeois, Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | |
|--|---|
| LOUISIANA | |
| L140 | NAME OF INDIVIDUAL
<i>Lekue Olivia</i> |
| E.D.
123 | SHEET
15 |
| COLOR
<i>B</i> | AGE
<i>16</i> |
| BIRTHPLACE | |
| COUNTY
<i>St. Landry</i> | CITY |
| ENUMERATED WITH
<i>Bellard Onazine</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>d</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCENS-DC 1910-601

| | | | | | |
|-------------------------|--|----------------|--------------|------------|--|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR <i>B</i> | | AGE <i>38</i> | | BIRTHPLACE | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Delinda</i> | | <i>w</i> | <i>32</i> | | |
| <i>Clivies</i> | | <i>s</i> | <i>12</i> | | |
| <i>Joseph</i> | | <i>s</i> | <i>10</i> | | |
| <i>Emeline</i> | | <i>d</i> | <i>6</i> | | |
| <i>Columbus</i> | | <i>s</i> | <i>3</i> | | |
| <i>Barlton</i> | | <i>s</i> | <i>6 1/2</i> | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2-142 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tavalais Oscar | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bo | 18 | | | 16 13 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avoyelles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| McCoy James | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-OC 10100-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6142 | | HEAD OF FAMILY | | LOUISIANA | |
| J. J. J. J. J. | | J. J. J. J. J. | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| | 30 | | | | |
| COUNTY | | hapides | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. J. J. J. J. | | W | 31 | | |
| J. J. J. J. J. | | S | 20 | | |
| J. J. J. J. J. | | S | 10 | | |
| J. J. J. J. J. | | D | 18 | | |
| J. J. J. J. J. | | | | | |
| J. J. J. J. J. | | | | | |
| J. J. J. J. J. | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 140 | | HEAD OF FAMILY | | LOUISIANA | |
| Judy Jones | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 39 | | | | |
| COUNTY | | Caldwell | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Margaret W. | | 60 | 2 | | |
| Pearl | | 4 | 2 | | |
| John | | 2 | 2 | | |
| Alice | | 2 | 2 | | |
| Thomas | | 5 | 5 | | |
| Robert | | 2 | 2 | | |
| Linda | | 1 | 1 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.O. | SHEET |
| 2142 Le Bleu P D | | | 33 | 2 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 31 | | | |
| COUNTY | | CITY | | |
| Calcasieu | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Nora | W | 18 | | |
| | | | | |
| | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------|-----|------------|-------|
| 5140 | | HEAD OF FAMILY | | Le Bleu Paschal | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | SHEET |
| W | | 23 | | | | 33 | 12 |
| COUNTY | | | | CITY | | | |
| Calcasieu | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cora F | | | | W | 17 | | |
| Evelyn | | | | D | 2 | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| Lavelle, Paul | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| mu | 24 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Albert | | W | 41 | | |
| Charbonne, Oreal | | SS | 12 | | |
| and 1 boarder | | | | | |
| 1 | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2142 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Leclesse, Paul | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| M | 45 | | | | |
| COUNTY | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Louise | | w | 44 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------------|------------|-----|
| 2142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | E.O. | 142 |
| | | BIRTHPLACE | | SHEET | 8 |
| COUNTY | | | Vermillion | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Ophelia | D | 21 | | |
| | Genieve | D | 18 | | |
| | Abile | P | 17 | | |
| | Adelia | S | 15 | | |
| | Pauline | D | 10 | | |
| | Marie | D | 7 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|------|------------|-------|
| 442 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | 13 | AGE | 35 | BIRTHPLACE | 97 15 |
| COUNTY | | Red River | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 21 | | |
| | Calvin | S | 7 | | |
| | G B | S | 6 | | |
| | Chil | D | 4 | | |
| | Easter | S | 3 | | |
| | C D | S | 3/12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| L-14C | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 53 | BIRTHPLACE | |
| | | | | E.D. | 4 |
| | | | | SHEET | 48 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Terencia | | W | 39 | | |
| Isaacus | | S | 17 | | |
| Julius | | S | 12 | | |
| Zephreus | | S | 8 | | |
| Feliccia | | D | 6 | | |
| Cefeman | | D | 3 | | |
| Joseph | | S | 3 | | |

FORM 10-636 (4-20-07)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 48 | | 66 | 26 |
| COUNTY | | | CITY | | |
| St James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 45 | | |
| Eddy | | S | 7 | | |
| Marta | | D | 10 | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 442 | NAME OF INDIVIDUAL | | E.D. | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 9 | | 97 19 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Red River | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lovlace John | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0144-DC 16100-P61

| | | | | | |
|-------------------------|-----|-----------------|------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| | | LeBlond, Pierre | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 60 | | | | |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anerite | | W | 57 | | |
| Azelle | | D | 33 | | |
| Marilla | | D | 31 | | |
| Laurent | | S | 21 | | |
| Lougé, Pierre | | GS | 3 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|-------------------------|------------------------------------|
| L142 | HEAD OF FAMILY
Le Blanc, Claude |
| E.D. 133 | SHEET 1 |
| COLOR
W | AGE
30 |
| BIRTHPLACE | |
| COUNTY
Vermillion | CITY
Erath |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| AGE | BIRTHPLACE |
| W | 24 |
| S | 8 |
| S | 7 |
| D | 6 |
| | |
| | |
| | |
| | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L140 | NAME OF INDIVIDUAL <i>Lovely Pally</i> |
| COLOR <i>B</i> | E.D. <i>88</i> SHEET <i>4</i> |
| AGE <i>17</i> | BIRTHPLACE |
| COUNTY <i>St. Mary</i> | CITY <i>Franklin</i> |
| ENUMERATED WITH <i>Henry Isaac</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>hi</i> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1918-P61

LOUISIANA

| | | | | | | |
|-------------------------|----------------|------------|-----------------|-----|------------|-------|
| 2142 | HEAD OF FAMILY | | Conelace, R. H. | | E.D. | SHEET |
| W | AGE | BIRTHPLACE | | | | |
| 52 | | | | | | |
| COUNTY | | | Graft | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Camillus | | | W | 49 | | |
| | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | |
|-------------------------|----------------|-----|------------------|--------------|------|------------|-------|---|
| L140 | HEAD OF FAMILY | | Le Blue, Raymond | | E.D. | 57 | SHEET | 8 |
| COLOR | W | AGE | 34 | BIRTHPLACE | | | | |
| COUNTY | | | | CITY | | | | |
| Cameron | | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Cecilia | | | | W | 33 | | | |
| Raymond, Jr | | | | S | 15 | | | |
| Edna | | | | D | 14 | | | |
| Olevia | | | | D | 10 | | | |
| Amelia | | | | D | 9 | | | |
| Wesley | | | | S | 9/12 | | | |
| | | | | | | | | |

FORM 10-636 (10-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L143 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 19 | Lafayette | 43 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | De Lancy | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kendal Basil M. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16105-P61

| | | | | | |
|--|--|---|------------|---|-------|
| L-40 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 33 | | 104 | 23 |
| COUNTY | | | CITY | | |
| Terrebonne | | | Houma | | |
| ENUMERATED WITH | | | | | |
| Louell John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SI | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | LOUISIANA | | |
|-------------------------|--|----------------|-----------|------------|-------|
| L 143 | | HEAD OF FAMILY | | E.D. | SHEET |
| COLOR | | AGE | | 51 | 20 |
| W | | 30 | | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucy | | W | 34 | | |
| Edna | | O | 4 | | |
| Lucy | | O | 2 | | |
| and 1 hired man | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-------------|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lawell, Richmond | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 29 | | | | |
| COUNTY | | | CITY | | |
| Avoyelles | | | Buckie Town | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Manky | | 4 | 27 | | |
| Irina | | D. | 6 | | |
| Zingil | | 5 | 4 | | |
| Elton | | 5 | 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| Family | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 31 | | | | |
| COUNTY | | Caldwell | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Louise B | | W | 21 | Ala. | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------------|--|--------------|-------------|
| L142 | HEAD OF FAMILY
<i>Laplac Robert</i> | | E.D.
80 |
| | | | SHEET
15 |
| COLOR
<i>mul</i> | AGE
52 | BIRTHPLACE | |
| COUNTY
<i>Natchitoches</i> | CITY
<i>Natchitoches</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| | | | BIRTHPLACE |
| <i>S. P.</i> | | <i>w</i> | <i>26</i> |
| <i>George</i> | | <i>S</i> | <i>21</i> |
| <i>J. W.</i> | | <i>S</i> | <i>20</i> |
| <i>Vera</i> | | <i>S</i> | <i>18</i> |
| <i>Malcom</i> | | <i>S</i> | <i>14</i> |
| <i>Robert Jr.</i> | | <i>S</i> | <i>13</i> |
| | | | |
| | | | |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|-------|-------|
| L-143 | | HEAD OF FAMILY | | Louisiana | | E.D. | SHEET |
| w | | 26 | | Toxady Robert | | 135 | 16 |
| COLOR | | AGE | | BIRTHPLACE | | | |
| COUNTY | | | | CITY | | | |
| Union | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Alyssa | | | | w | | 19 | |
| Annie | | | | D | | 4 1/2 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L140 | NAME OF INDIVIDUAL <i>Lively Robery</i> |
| E.D. 88 | SHEET 4 |
| COLOR <i>w</i> | AGE 21 |
| BIRTHPLACE | |
| COUNTY <i>Morehouse</i> | CITY |
| ENUMERATED WITH <i>Lively G. Jr.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P01

LOUISIANA

| | | | | |
|----------------------------|--|------------|------------|-------------|
| L140 | HEAD OF FAMILY
<i>Robert Rogers</i> | | E.D.
49 | SHEET
12 |
| COLOR
<i>W</i> | AGE
<i>50</i> | BIRTHPLACE | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Estelle</i> | <i>W</i> | <i>49</i> | | |
| <i>Wesley</i> | <i>S</i> | <i>23</i> | | |
| <i>Edna</i> | <i>S</i> | <i>21</i> | | |
| <i>William</i> | <i>S</i> | <i>10</i> | | |
| <i>E. Willet</i> | <i>S</i> | <i>18</i> | | |
| <i>Charley</i> | <i>S</i> | <i>14</i> | | |
| <i>Emma</i> | <i>S</i> | <i>9</i> | | |

FORM 10-436 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

RELATIONSHIP

AGE

BIRTHPLACE

| | | | |
|---|-------------|------|-----|
| 1 | J Collins C | SHIP | AGE |
| | | | 17 |

1910 CENSUS INDEX . FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

11 第 7 次 大 会 決 議 案 第 1 号 第 1 号 第 1 号 第 1 号

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Bleu Korneo | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 60 | | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rose | | D | 17 | | |
| Violet | | D | 15 | | |
| Calceda | | S | 13 | | |
| Anna | | D | 11 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 240 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Bleu Rosalie | | E.O. | | 48 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 17 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Calcasieu | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yolene Robert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18189-P81

| L143 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 33 | | | 40 | 5 |
| COUNTY | | | CITY | | |
| | | | Bastrop | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Emma | W | 48 | | | |
| Elie | D | 24 | | | |
| Stella | D | 17 | | | |
| Esmer | S | 14 | | | |
| 1 Be | | | | | |
| 1 Se | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|--------------------|------------|-----------|-------|
| L 143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 2 | | 95 | 7 |
| COUNTY | | | CITY | | |
| Morehouse | | | | | |
| ENUMERATED WITH | | | | | |
| Relationship to Above | | | | | |
| <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P81

LOUISIANA

| | | | | | |
|--|---------------|--|--|-----------------|----------------|
| X-43 | | NAME OF INDIVIDUAL <i>Louisey Samuel</i> | | E.D. <i>110</i> | SHEET <i>3</i> |
| COLOR <i>W</i> | AGE <i>19</i> | BIRTHPLACE | | | |
| COUNTY <i>Ouachita</i> | | CITY | | | |
| ENUMERATED WITH <i>Louisey G. B.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center; font-size: 1.5em;"><i>B</i></div> </div> </div> | | | | | |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | |
|---|---|
| LOUISIANA | |
| L. 40 | NAME OF INDIVIDUAL <i>Labely, Sarah M</i> |
| E.O. 34 | SHEET 1 |
| COLOR <i>W</i> | AGE <i>59</i> BIRTHPLACE |
| COUNTY <i>St. Martin Rouge</i> | CITY |
| ENUMERATED WITH <i>Labely, Albert A</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| R 143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E. D. | SHEET |
| W | | 47 | | 128 | 18 |
| COUNTY | | | CITY | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celine | | W | 45 | | |
| Marie | | D | 20 | | |
| Genevieve | | S | 7 | | |
| Bernard | | S | 5 | | |
| Edward | | S | 3 | | |
| Clara | | S | 1 | | |
| Lionna | | D | 9 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|----------|------------|
| <i>Lyline</i> | <i>D</i> | <i>7</i> | |
| <i>George</i> | <i>S</i> | <i>5</i> | |
| <i>India</i> | <i>D</i> | <i>3</i> | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

175COMM-DC 15198-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 2143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| B | | 27 | Mrs. | | 148 23 |
| COUNTY | | | CITY | | |
| Vernon | | | Racine | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Mamie | | W | 27 | | |
| / Ma | | S | 8 | | |
| / Malvina | | S | 1 | | |
| -Neph. Sidney | | B-L | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|----|------------|-------|
| L 140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 17 | BIRTHPLACE | 93 17 |
| COUNTY | | MORRIS CITY | | | |
| ENUMERATED WITH | | Rogus, Frank | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

| | | | | |
|-------------------------|----------------|-------------|------------|-------|
| 4142 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | SHEET |
| Mr | 30 | | | 29. |
| COUNTY | | CITY | | |
| Avoyelles | | Moreauville | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jessie | a | 24 | | |
| Mercedes | D | 3 | | |
| Zalina | D | 1 1/2 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|---------------|------------|-------|
| L143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 44 | Leopold Simon | 99 | 10 |
| COUNTY | | | CITY | | |
| St. Mary | | | Terrebonne | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mina | | W | 23 | | |
| Miriam | | D | 3 | | |
| Selma | | D | 2 | | |
| Audrey | | S | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|-----------|--|
| 2143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leopold Simon | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 6 1/2 | | | | |
| COUNTY | | Plaquemines | | CITY | |
| ENUMERATED WITH | | | | | |
| Schex nayder, Andrew | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

LOUISIANA

| | | | | | | | |
|--|--|--------------------|---|----------------|--|--|-------|
| 8143 | | NAME OF INDIVIDUAL | | Leopold, Simon | | E.O. | SHEET |
| COLOR | | AGE | BIRTHPLACE | | | | |
| W | | 47 | | | | | |
| COUNTY | | | CITY | | | | |
| | | | Plaquemine | | | | |
| ENUMERATED WITH | | | Lobson, Davis | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> BOONER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18198-P61

LOUISIANA

| | | | |
|--|---|--|-------------------|
| NAME OF INDIVIDUAL
<i>La Blue, Santa</i> | | E.D.
<i>32</i> | SHEET
<i>3</i> |
| COLOR
<i>W</i> | AGE
<i>15</i> | BIRTHPLACE | |
| COUNTY
<i>Catahoula</i> | | CITY
<i>Welsh</i> | |
| ENUMERATED WITH
<i>Bongross May</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Daughter</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1810B-P61

| | |
|--|---|
| LOUISIANA | |
| 2142 | NAME OF INDIVIDUAL
<i>Lavalais, Lophis</i> |
| E.D.
16 | SHEET
24 |
| COLOR
4 | AGE
16 |
| BIRTHPLACE | |
| COUNTY
<i>Avoyelles</i> | CITY
<i>Mansura</i> |
| ENUMERATED WITH
<i>Miss David</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

| | | | | | |
|-------------------------|--|-----------------------|----------------|------------|-------|
| | | HEAD OF FAMILY | | LOUISIANA | |
| | | <i>Kenneth Spivey</i> | | E.D. | SHEET |
| COLOR | | AGE | BIRTHPLACE | | |
| <i>W</i> | | <i>34</i> | <i>Austria</i> | | |
| COUNTY | | | CITY | | |
| <i>Plaquemines</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Mary</i> | | <i>W</i> | <i>20</i> | | |
| <i>Deadie</i> | | <i>D</i> | <i>7</i> | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|----------------|-----|------------|--|
| 2140 | | HEAD OF FAMILY | | LABOULE, Lucie | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 72 | | | | 19 9 | |
| COUNTY | | | | Avery | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Harry | | | | S | 17 | | |
| Albert | | | | S | 15 | | |
| Lizida | | | | D | 13 | | |
| Jelmon | | | | S | 9 | | |
| Mentay | | | | D | 7 | | |
| Hazel | | | | D | 4 | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L140 | NAME OF INDIVIDUAL
<i>Leavel, I. L.</i> |
| E.D. | SHEET
95 7 |
| COLOR
<i>gt</i> | AGE
<i>56</i> |
| BIRTHPLACE
<i>Miss</i> | |
| COUNTY
<i>Morehouse</i> | CITY
<i>rehouse</i> |
| ENUMERATED WITH
<i>Yeldell, Mack</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-901

LOUISIANA

| | | | | |
|-------------------------|-------------------|--------------|-------|------------|
| L140 | HEAD OF FAMILY | | E.D. | SHEET |
| | LeBlanc Jefferson | | 51 | 13 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 24 | | | |
| COUNTY | | CITY | | |
| Iberia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Jesse | | W | 23 | |
| Mary | | D | 3 | |
| Marinda | | D | 1 1/2 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| L 140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | Texas |
| COUNTY | | Acadia | | CITY | Rothswood |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Tenas Mrs. | | w | 33 | | |
| Anita | | d | 12 | | |
| Alphonse Astore | | s | 10 | | |
| Charles | | s | 9 | | |
| Olivia | | d | 8 | | |
| Bier Azaina Mrs | | m.l. | 34 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|------|------------|----------------|
| 2440 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 10 | BIRTHPLACE | E.D. B SHEET 1 |
| COUNTY | | | CITY | | |
| Calhoun | | | | | |
| ENUMERATED WITH | | | | | |
| Baker, George * | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
 <u>stepc</u> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| 7 14/2 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 56 | | | 148 | 10 |
| COUNTY | | Vernon | | CITY | |
| | | | | Rauville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Harriet | | W | 58 | | |
| / Mary | | D | 24 | | |
| Williams, Lancy | | D | 28 | | |
| / Clide | | S | 7 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| L140 | NAME OF INDIVIDUAL
<i>Le Bleu, Therese</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>29</i> | BIRTHPLACE | E.D.
<i>4</i> | SHEET
<i>6</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | CITY
<i>Acadia</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Bleu, Jules</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16106-P61

| | | | | | |
|-------------------------|--------|----------------|-----|------------|-------|
| L 440 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 31 | | | 2 | 4 |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cecilia | | W | 23 | | |
| Bessie | | D | 8 | | |
| Thomas D. | | S | 6 | | |
| Charles | | S | 4 | | |
| Harry | | S | 2 | | |
| Callie | Octave | C | 54 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| 2140 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| Mu | 45 | | 15 | 22 |
| COUNTY | | CITY | | |
| Acadiane | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Celsinna | | W | 48 | |
| Magloire Mary | | S D | 29 | |
| Edna | | S D | 22 | |
| Madolue | | S D | 20 | |
| Louis | | SS | 17 | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|----|------------|----------|
| L-140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | E.D. 142 |
| COUNTY | | West Carroll | | CITY | |
| ENUMERATED WITH | | | | | |
| JACKSON JACKSON | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&M-DC 18195-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-----------|------------|
| COLOR | AGE | E.D. | SHEET |
| 66 | 50 | 6 | 1 |
| COUNTY | | CITY | |
| Caldwell | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Martha E. | W | 47 | Miss. |
| Wm. J. | S | 17 | |
| John L. | N | 13 | |
| Kelly C. | N | 10 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| 21410 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 25 | Caldwell | | 6 | 3 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. S. | | W | 21 | | |
| L. S. | | S | 3 | | |
| L. S. | | N | 2 | | |
| L. S. | | N | 11/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 52 | | | 65 | 5 |
| COUNTY | | LIVINGSTON | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angelina | | W | 52 | | |
| Louis | | S | 21 | | |
| Lima | | S | 19 | | |
| Emma | | D | 17 | | |
| Wilson | | S | 15 | | |
| William | | S | 13 | | |
| Reid | | S | 16 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 13100-P61

| | | | | | |
|--|---|---|----|---|----------|
| 1140 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 15 | BIRTHPLACE | Franklin |
| COUNTY | | CITY | | E.D. | 51 |
| ENUMERATED WITH | | Franklin | | SHEET | 14 |
| RELATIONSHIP TO ABOVE | | Bonwell Robt Jr | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Hired Man. | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18190-P61

| | | | | | |
|--|-----------|--------------------|------------------|-----------|--|
| 7 143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| | 30 | Leopold Levy | 50 | 6 | |
| COUNTY | Calcasieu | | CITY West Indies | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16165-P61

| | | | | | |
|---|---|--------------------|----|------------|-----------|
| 2142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 24 | BIRTHPLACE | LOUISIANA |
| COUNTY | | Avoyelles | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |
| 1910 CENSUS INDEX - INDIVIDUAL
U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
USCOMM-DC 18105-P01 | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|---------------|--------------------------------|--|--|
| L140 | | NAME OF INDIVIDUAL
<i>La Bleu, Vaughn</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>11</i> | BIRTHPLACE | | E.D.
<i>49</i> | SHEET
<i>22</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>Calcasieu</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Cach, Joseph E.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Labour</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Labour</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Labour</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L 140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 26 | | | 123 | 22 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Malena | | w | 21 | | |
| Agnes | | d | 3 | | |
| Mathilde | | d | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L 140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 33 | | | 48 | 23 |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lane | W | 28 | | | |
| J. Little | D | 7 | | | |
| Hector | S | 5 | | | |
| Kear | D | 3 | | | |
| Bussentile | S | 1 1/2 | | | |
| William | B | 25 | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 26 | Texas | | 110 | 18 |
| COUNTY | | CITY | | | |
| | | Sabine | | Zuvalle | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
| | | | | | |
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FORM 18-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|--|
| L142 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | W | AGE | 20 | BIRTHPLACE | |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Odiade | | W | 16 | | |
| | | | | | |
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FORM 10-436 (4-20-31)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|---|------------------|-------|
| 2122 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | B | BIRTHPLACE | 22 29 |
| COUNTY | | Avoyelles | | CITY Moreauville | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&GS-DC 10100-P01

10-100-001

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6144 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 35 | | | 133 | 1 |
| COUNTY | | Vermillion | | CITY | |
| | | | | Erath | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 34 | | |
| Eva | | D | 17 | | |
| Eli | | S | 15 | | |
| Ephias | | S | 13 | | |
| Edna | | D | 11 | | |
| Eve | | D | 9 | | |
| Opha | | D | 7 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED | | LOUISIANA | |
|----------------------------|--------------|-------------|------------|
| | | CARD 2 OF 2 | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Langle | S | 5 | |
| Kube | D | 3 | |
| 4 / H / n | | | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | LOUISIANA | |
|-------------------------|---------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| L140 | Lowel, Walker | | 112 | 14 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 42 | | | |
| COUNTY | | CITY | | |
| Terrebonne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bertha L | W | 32 | | |
| Sidney | S | 18 | | |
| Paul | D | 12 | | |
| Jess | S | 10 | | |
| Matie | D | 8 | | |
| Whitney | S | 6 | | |
| Lillie | D | 3 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| 1 Vincent | 2 | 1 | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18500-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5140 | | NAME OF INDIVIDUAL | | LOUISIANA | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Bleu Walter | | 48 | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 14 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Palm Robert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 2142 | NAME OF INDIVIDUAL
<i>Lainlois Walter</i> | | E.O.
22 | SHEET
30 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
23 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Avoyelles</i> | | CITY
<i>Moreauville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Mague, Lemis</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>bo</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>bo</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>bo</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16166-P01

LOUISIANA

| | | | | |
|---|--|--|-------------------|--------------------|
| 443 | NAME OF INDIVIDUAL
<i>Lafayette, Walter</i> | | E.D.
<i>95</i> | SHEET
<i>20</i> |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | |
| COUNTY | | CITY | | |
| ENUMERATED WITH
<i>Red River</i>
<i>Jackson, Lick</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.O. 39 | SHEET |
| W | 58 | Ohio | 36 | 5 |
| COUNTY | | Calcasieu | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Carrie | W | 45 | | |
| Eva | D | 14 | | |
| 2 Children | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| 40 | HEAD OF FAMILY | | E.O. |
| | Roxie, Will E. | | 51 |
| COLOR | AGE | BIRTHPLACE | |
| W | 43 | Miss | |
| COUNTY | Calcasieu | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Elizabeth A. | W | 43 | England |
| School | D | 19 | Miss |
| Katie | D | 17 | 1 |
| Carl | D | 11 | |
| Scott | D | 8 | |
| Luby | D | 2 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|---------------------------------------|---------------------------|-------------------------------|
| L143 | HEAD OF FAMILY <i>Lonelady will J</i> | | E.D. <i>18</i> SHEET <i>5</i> |
| COLOR <i>W</i> | AGE <i>39</i> | BIRTHPLACE | |
| COUNTY <i>Bossier</i> | | CITY <i>Plain Dealing</i> | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| / <i>Wannil</i> | | <i>W</i> | <i>28</i> |
| / <i>Medwith</i> | | <i>D</i> | <i>6</i> |
| / <i>Francis</i> | | <i>D</i> | <i>4</i> |
| / <i>Beatrice</i> | | <i>D</i> | <i>1</i> |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|---|--------------|-----|------------|
| <div> <div>L. 40</div> <div> <div>HEAD OF FAMILY</div> <div> <div>E.D.</div> <div>SHEET</div> </div> </div> </div> | | | |
| <div> <div> <div>COLOR</div> <div>W</div> </div> <div> <div>AGE</div> <div>26</div> </div> <div> <div>BIRTHPLACE</div> <div>Grant</div> </div> </div> | | | |
| <div> <div>COUNTY</div> <div>CITY</div> </div> | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary Bell | w | 21 | |
| Edna | d | 5 | |
| Bessie | s | 2 | |
| Edna | d | 12 | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | | |
|-------------------------|--|----------------|------------|-------------|-------|
| 440 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mr | | 26 | | 93 | 25 |
| COUNTY | | | St. Mary | CITY | |
| | | | | Baton Rouge | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louella | | W | 23 | | |
| Eliot | | D | 5 | | |
| Springer | | GM | 70 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|--------------------|
| 2140 | | NAME OF INDIVIDUAL
<i>Louelle Millian</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>25</i> | BIRTHPLACE | | ED.
<i>68</i> | SHEET
<i>23</i> |
| COUNTY
<i>Lafourche</i> | | CITY | | | |
| ENUMERATED WITH
<i>Louelle Victor</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 2142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| B | | 45 | Miss | | 33 5 |
| COUNTY | | | CITY | | |
| Concordia | | | Vicksburg | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | | Wife | 32 | Miss | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 4142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| 13 | 50 | | | 33 | 19 |
| COUNTY | | CITY | | | |
| Congo | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillie | | 4 | 33 | | |
| John | | 5 | 19 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| L 143 | | | | 12 |
| COLOR | AGE | BIRTHPLACE | | |
| | | Morehou | | |
| COUNTY | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

FORM 10-436a (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | |
|-------------------------|----------------|-----------|------------------|--------------|------|------------|-------|----|
| 5140 | HEAD OF FAMILY | | Lively William D | | E.D. | 16 | SHEET | 15 |
| COLOR | W | AGE | 23 | BIRTHPLACE | | | | |
| COUNTY | | Murchison | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Mama E | | | | W | 22 | Tex | | |
| Richard | | | | S | 2 | Miss | | |
| | | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------------|--------------------------------|--|--|
| L140 | NAME OF INDIVIDUAL
<i>Lively William A</i> | | E.D.
6 | SHEET
1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
7 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Caldwell | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Baker, George H</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Step C.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Step C.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Step C.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

| | | | | |
|--|--|---|------------|-------------|
| L142 | NAME OF INDIVIDUAL
Lovelace, Lou Willie | | E.O.
60 | SHEET
23 |
| COLOR
B | AGE
5 | BIRTHPLACE | | |
| COUNTY
Caddo | CITY
1 | | | |
| ENUMERATED WITH
Hall, Bill | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>Sister</u> | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

LOUISIANA

| | | | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|-------|--|
| L140 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| | | Labell Welles | | 65 | | 5 | |
| COLOR | W | AGE | 48 | BIRTHPLACE | | | |
| COUNTY | | Liv. Poston | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Seraphine | W | 50 | | | | |
| | David | S | 25 | | | | |
| | John | S | 22 | | | | |
| | Alfred | S | 19 | | | | |
| | Clonzie | S | 17 | | | | |
| | Vincent | S | 11 | | | | |
| | Frank | S | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-----|------------|
| 1 Mary | D | 9 | |
| | | | |
| | | | |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 4142 | NAME OF INDIVIDUAL | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lowlace Willie | | 97 | 19 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Red River | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lowlace John | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOW-DC 18100-P61

| LOUISIANA | | | |
|-------------------------|--|------------|---------------|
| <i>L40</i> | HEAD OF FAMILY
<i>Emily Springfield B</i> | | E.D. <i>6</i> |
| COLOR
<i>W</i> | AGE
<i>50</i> | BIRTHPLACE | |
| COUNTY | | CITY | |
| <i>Caldwell</i> | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Eveland</i> | <i>W</i> | <i>49</i> | <i>Calo.</i> |
| <i>Willie</i> | <i>W</i> | <i>17</i> | |
| <i>Kabber</i> | <i>S</i> | <i>14</i> | |
| <i>Christine</i> | <i>W</i> | <i>13</i> | |
| <i>My</i> | <i>W</i> | <i>10</i> | |
| <i>Pickins</i> | <i>S</i> | <i>9</i> | |
| <i>Arilla</i> | <i>W</i> | <i>6</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------|-------------------|-----|------------|
| Max | S | 4 | |
| Edip | N | 2 | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SC004600 15100-P61

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 442 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lorena Mayall | | 99 | 11 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 38 | Ga. | | | |
| COUNTY | | | CITY | | |
| St. Tammany | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. Mayall | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L140 | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | Le Bl | | 134 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 11 | Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Norbert | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15108-P61

| | |
|--|---|
| LOUISIANA | |
| L140 | NAME OF INDIVIDUAL <i>Le Bl</i> |
| COLOR <i>W</i> | E.D. <i>134</i> SHEET <i>1</i> |
| AGE <i>38</i> | BIRTHPLACE <i>Ypaster</i> |
| COUNTY <i>Vermillion</i> | CITY |
| ENUMERATED WITH <i>Le Blanc, Norbert</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P01

LOUISIANA

| | | | | | | | | |
|-------------------------|----------------|-----|------|--------------|------|------------|-------|----|
| L140 | HEAD OF FAMILY | | Zack | | E.D. | 108 | SHEET | 13 |
| COLOR | B | AGE | 45 | BIRTHPLACE | | | | |
| COUNTY | St. Landry | | | CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Rosina | | | | D | 16 | | | |
| Fannie | | | | D | 14 | | | |
| Anna | | | | D | 11 | | | |
| | | | | | | | | |
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FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----|--|--|--|-------|
| L142 | | NAME OF INDIVIDUAL | | E.D. | SHEET |
| | | Lovedace, Zelma | | 129 | 4 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 25 | | | | |
| COUNTY | | CITY | | | |
| Tensas | | | | | |
| ENUMERATED WITH | | | | | |
| Hall, Fannie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | | <input type="checkbox"/> NEPHEW | | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | | <input type="checkbox"/> NIECE | | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | | <input type="checkbox"/> FATHER-IN-LAW | | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | | <input type="checkbox"/> MOTHER-IN-LAW | | <input checked="" type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | | <input type="checkbox"/> SON-IN-LAW | | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | | <input type="checkbox"/> DAUGHTER-IN-LAW | | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

REPORT OF

THE BOARD OF

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 45 | BIRTHPLACE | La |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Emily | | w | 36 | | |
| Buckner, Frank | | S.S. | 18 | | |
| 1 Lillian | | S.D. | 16 | | |
| Marjane Henry | | Bc | 39 | | |
| Burdne, Regal | | Sch. | 12 | | |
| Robert | | Sch. | 7 | | |
| 2 2 boarders | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Telilance, A.C. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | | | | |
| COUNTY | Lafayette | CITY | | | |
| Covington | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alida | | W | 34 | | |
| Martin, Rachel | | D-L | 12 | | |
| Claire | | D-L | 10 | | |
| Raphel | | S-L | 8 | | |
| Claude | | S-L | 3 | | |
| Martin Daisy | | B-L | 21 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--------------|----------------|------------|-----------|--|
| R145 | | HEAD OF FAMILY | | Le Blanc, G E. | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. | SHEET | |
| W | | 54 | | | 111 | 2 | |
| COUNTY | | | Terrebonne | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Mary Julia | | | 66 | 49 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|--------------------|--|------------|--|
| 5145 | | HEAD OF FAMILY | | Le Blanc G. Edward | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 36 | | | | 109 9 | |
| COUNTY | | | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| F. Hellem | | | | W | | 24 | |
| Alah | | | | D | | 7 | |
| Leland | | | | S | | 4 | |
| Elsie | | | | D | | 1 1/2 | |
| | | | | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, A. F. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 65 | | | | |
| COUNTY | | CITY | | | |
| Ascension | | Caldwellville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Fidelise | | w | 67 | | |
| Almira | | s | 33 | | |
| Relia | | d.l. | 28 | | |
| Ellie | | g.d. | 6 | | |
| Nolan | | g.s. | 4 | | |
| Oneda | | g.d. | 7 1/2 | | |
| Wernett Paul | | g.s. | 19 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 6145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc A. J. | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Mary | | Franklin | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bonnie Frank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | | | |
|-------------------------|--|----------------|--|--------------------|--|------------|--|
| 245 | | HEAD OF FAMILY | | Le Blanc, A Joseph | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 27 | | | | 109 1 | |
| COUNTY | | | | CITY | | | |
| Terrebonne | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Florence | | W | | 25 | | | |
| P Joseph | | S | | 12 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 415 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 22 | | 21 | 27 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avoyelles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laflesco Paul W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|------------|----------------|-----|------------|-------|
| 445 | | HEAD OF FAMILY | | LOUISIANA | |
| | | L. Blane Alton | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 34 | | | | |
| COUNTY | St. Martin | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Charlotte | | w | 27 | | |
| Antoinette | | s | 8 | | |
| Lecounte | | s | 6 | | |
| Leonel | | s | 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|---|--|--|
| 8145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leblanc Abella | | E.D. | | SHEET | |
| COLOR | W | AGE | 2 | BIRTHPLACE | |
| COUNTY | | St. Mary | | CITY | |
| ENUMERATED WITH | | | | | |
| Leblanc Paul | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|------------------|------------|------------|
| E.D. | SHEET | | |
| L 145 | Le Blanc, Achile | 10 | 9 |
| COLOR | AGE | BIRTHPLACE | |
| W | 59 | | |
| COUNTY | CITY | | |
| Assumption | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Angeline | W | 44 | |
| Eusebe | S | 19 | |
| Valery | L | 32 | |
| Alice | L | 17 | |
| Pierre | S | 15 | |
| Cecile | S | 13 | |
| Arthur | S | 10 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| 8,45 | NAME OF INDIVIDUAL <i>Le Blanc, Anthony</i> |
| E.O. 90 | SHEET 28 |
| COLOR <i>W</i> | AGE <i>27</i> BIRTHPLACE |
| COUNTY | CITY <i>Franklin</i> |
| St. Mary | |
| ENUMERATED WITH <i>John, Anthony</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P61

| LOUISIANA | | | |
|-------------------------|---|-----------|------------|
| L145 | HEAD OF FAMILY
<i>LeBlanc, Adair</i> | | |
| E.D. 7 | SHEET 13 | | |
| COLOR
<i>W</i> | AGE
<i>42</i> | | |
| BIRTHPLACE | | | |
| COUNTY
<i>Acadia</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Alicia</i> | <i>W</i> | <i>38</i> | |
| <i>Elias</i> | <i>S</i> | <i>19</i> | |
| <i>Rosa</i> | <i>S</i> | <i>16</i> | |
| <i>Arthur</i> | <i>S</i> | <i>13</i> | |
| <i>Streats, August</i> | <i>Head</i> | <i>19</i> | |
| | | | |
| | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|--------------------|-----|------------|-------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Blanc Mrs. Jean | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 48 | | | | |
| COUNTY | | CITY | | | |
| Ascension | | Donaldsonville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Clarence | | 8 | 26 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--|
| 745 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc, Adam | | E.D. | | SHEET | |
| COLOR | W | AGE | 41 | 21 3 | |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amantie | | W | 38 | | |
| Agelarge | | S | 18 | | |
| Alice | | D | 14 | | |
| Edon | | S | 11 | | |
| Ada | | D | 8 | | |
| Nelia | | D | 3 | | |
| | | | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lablane, Adam | | E.D. | SHEET |
| COLOR | B | AGE | 39 | 104 | 2 |
| | | | BIRTHPLACE | | |
| COUNTY | | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Ella | W | 40 | | |
| | Amelia | D | 16 | | |
| | William | S | 14 | | |
| | Lilly | D | 12 | | |
| | George | S | 6 | | |
| | Arthur | S | 4 | | |
| | Virginia | D | 2 | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| P. 145 | | HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | | | |
| 33 | | 29 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| 4 | 30 | | | | |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| George | | w | 37 | | |
| John | | S | 6 | | |
| Diana | | S | 4 | | |
| Emma | | D | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----------|------------|------|-----------|--|
| L145 | | HEAD OF FAMILY | | Blanc Adam | | LOUISIANA | |
| COLOR | W | AGE | 35 | E.D. | 49 | SHEET 17 | |
| BIRTHPLACE | | | | | | | |
| COUNTY | | | Calcasieu | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Walter | | W | 27 | | | | |
| Mary | | S | 6 | | | | |
| Ethel | | D | 4 | | | | |
| Lidia | | D | | | | | |
| Lidia | | D | 1 | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|-------------------------|--|
| L145 | HEAD OF FAMILY
<i>Le Blanc Adam</i> |
| E.O. 8 | SHEET 14 |
| COLOR
<i>W</i> | AGE
<i>36</i> |
| BIRTHPLACE | |
| COUNTY
<i>Acadia</i> | CITY |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| | AGE |
| | BIRTHPLACE |
| <i>Rula</i> | <i>W</i> |
| | <i>34</i> |
| <i>Thirina</i> | <i>D</i> |
| | <i>17</i> |
| <i>Leanne</i> | <i>S</i> |
| | <i>14</i> |
| <i>Estelle</i> | <i>D</i> |
| | <i>12</i> |
| <i>Elisi</i> | <i>D</i> |
| | <i>10</i> |
| <i>Breanna</i> | <i>S</i> |
| | <i>3</i> |
| <i>Baby</i> | <i>S</i> |
| | <i>1/2</i> |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| F. e. Blanc Adam | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | | | | |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adlie | | W | 32 | | |
| Eli | | S | 13 | | |
| martha | | D | 10 | | |
| Elmie | | D | 8 | | |
| Ellen | | D | 6 | | |
| Ida | | D | 4 | | |
| Cecile | | D | 1 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY: CONTINUED

Le Blanc Adam

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

5-00000-12/ 1-198-1 61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 6 | 27 | | | 52 | 15 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. L. L. | | W | 27 | | |
| L. L. L. | | H | 6 | | |
| L. L. L. | | S | 5 | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|--------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 16 | 33 | Blanca, Adam | 31 14 |
| COUNTY | | CITY | |
| Calcasieu | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Adrian | W | 23 | |
| Eva | D | 1 | |
| Laynie | S | 7 | |
| Adam Jr | S | 5 | |
| Anna | D | 3 | |
| Waco | S | 12/10 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 32 | | 4 | 2 |
| COUNTY | | | Assumption | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edille | | W | 30 | | |
| Mary | | D | 10 | | |
| Phantia | | D | 3 | | |
| Adam | | S | 7 | | |
| Cue | | D | 5 | | |
| Jesse | | S | 3 | | |
| Lemy | | S | 1 1/2 | | |

FORM 18-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 33 | | | 10 | 1 |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | S | 15 | | |
| Minnie | | D | 13 | | |
| Ella Jane | | S | 11 | | |
| Millie | | S | 9 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L 45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 70 | BIRTHPLACE | LeBlanc, Adeline |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------|--------------|----------------|------------|-----------|--|
| Leblanc, Adite | | E.D. | SHEET | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 53 | | | | |
| COUNTY | | CITY | | | |
| | | Plaquemine | | | |
| MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Frank | H | 30 | | | |
| Labrea | W | 29 | | | |
| Emuel | S | 19 | | | |
| Lagleize, Adelle | M | 51 | France | | |
| | | | | | |
| | | | | | |
| | | | | | |

LOUISIANA

| | | | | | | | |
|--|---|---|----|--|--|-------|--|
| 7145 | | NAME OF INDIVIDUAL | | E. D. | | SHEET | |
| Le Blanc, Adolphe | | 56 | | 12 | | | |
| COLOR | W | AGE | 30 | BIRTHPLACE | | | |
| COUNTY | | Iberville | | CITY | | | |
| ENUMERATED WITH | | Plaquemine | | | | | |
| RELATIONSHIP TO ABOVE | | Grass, Irene | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
 | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16199-P61

| | | | | LOUISIANA | |
|-------------------------|-----------|----------------|-----------|------------|-------|
| L145 | | HEAD OF FAMILY | | E.O. | SHEET |
| Le Blanc, Adolph | | | | 69 | 18 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 51 | | | | |
| COUNTY | Lafayette | CITY | Lafayette | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Esther | | W | 21 | | |
| / Ethel | | D | 2 | | |
| | | | | | |
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FORM 10-636 (10-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 78 | BIRTHPLACE | Iberville |
| COUNTY | | CITY | | | |
| | | Flaguemin | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anna | | A | 70 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|----------|----------------|-----|------------------|--|-----------|----|
| L145 | | HEAD OF FAMILY | | Le Blanc, Adonis | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | | E.D. | 76 |
| | | | | | | SHEET | 38 |
| COUNTY | | Lafayette | | CITY | | Lafayette | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Rose | W | 39 | | | | |
| | Earl | S | 18 | | | | |
| | Onilda | D | 12 | | | | |
| | Marie L. | D | 13 | | | | |
| | Rosa | D | 7 | | | | |
| | Louise | S | 4 | | | | |
| | Maurice | S | 1 | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------------|-------------------|-----|------------|
| Francis P. | S | 42 | |
| Alpha | B | 23 | |
| Emma | M | 64 | |
| 4 2 lines | | | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

9

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------------|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc Adralia</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>17</i> | BIRTHPLACE | | E.D.
<i>8</i> | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Wiboroux Joseph</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Adopted</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Adopted</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Adopted</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910b-P61

LOUISIANA

| L145 | | HEAD OF FAMILY
<i>L. Blanc Adrian</i> | | E.D.
132 | SHEET
41 |
|-----------------------------|-------------------|--|------------|-------------|-------------|
| COLOR
<i>W</i> | AGE
<i>51</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Martin</i> | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATION-
SHIP | AGE | BIRTHPLACE | | |
| <i>Filicia</i> | <i>W</i> | <i>50</i> | | | |
| <i>Rogers</i> | <i>S</i> | <i>22</i> | | | |
| <i>Lionel</i> | <i>S</i> | <i>18</i> | | | |
| <i>Felix</i> | <i>S</i> | <i>16</i> | | | |
| <i>John</i> | <i>S</i> | <i>14</i> | | | |
| <i>Mary</i> | <i>S</i> | <i>12</i> | | | |
| <i>Maise</i> | <i>S</i> | <i>8</i> | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC 01494-1 15149-1 61

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc, Adrien | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 38 38 | |
| w | 56 | | | | |
| COUNTY | Lafourche | CITY | | Theboudans | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Aglae P | | w | 55 | | |
| Felix L | | s | 23 | | |
| Alice P | | d | 20 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL <i>Le Blanc, Adrien</i> |
| E.D. <i>130</i> | SHEET <i>9</i> |
| COLOR <i>Mr</i> | AGE <i>39</i> |
| BIRTHPLACE | |
| COUNTY | CITY <i>Breaux Bridge</i> |
| <i>St. Martin</i> | |
| ENUMERATED WITH <i>Alexander, Wallace</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18106-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 37 | | 10 | 10 |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 34 | | |
| Amelia | | D | 12 | | |
| Alida | | D | 10 | | |
| Edna | | D | 8 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|------|--|-------------------|
| L I L I C | | NAME OF INDIVIDUAL
<i>LeBlanc, Adrienne</i> | | LOUISIANA | |
| COLOR
<i>Wh</i> | AGE
<i>22</i> | BIRTHPLACE | | E. D.
<i>74</i> | SHEET
<i>6</i> |
| COUNTY
<i>Lafayette</i> | | | CITY | | |
| ENUMERATED WITH
<i>LeBlanc, Jason</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Li</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18186-P61

| | | | | |
|---|--|------------|------------------|-------------------|
| 197 | HEAD OF FAMILY
<i>LeBlanc Agnes</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>40</i> | BIRTHPLACE | E.D.
<i>2</i> | SHEET
<i>8</i> |
| COUNTY | | CITY | | |
| <p style="text-align: center;"><i>Acadiana</i></p> <p style="text-align: center;">OTHER MEMBERS OF FAMILY</p> | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>LeBlanc Jean</i> | <i>H</i> | <i>20</i> | | |
| <i>Georgette</i> | <i>S</i> | <i>19</i> | | |
| <i>Lourence</i> | <i>L</i> | <i>14</i> | | |
| <i>Anne</i> | <i>D</i> | <i>14</i> | | |
| <i>Maria</i> | <i>D</i> | <i>11</i> | | |
| <i>Blanche</i> | <i>H</i> | <i>11</i> | | |
| <i>Joseph</i> | <i>S</i> | <i>6</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 19195-P01

| | | | | | |
|--|----------|---|----|---|--|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Loblane, Agnes | | ED. | | SHEET | |
| COLOR | W | AGE | 25 | BIRTHPLACE | |
| COUNTY | St. Mary | CITY | | Morgan City | |
| ENUMERATED WITH | | McClean, 2 Jacob | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WORKER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18106-P61

| | | | | | |
|--|---|---|----|---|-----------------|
| 545 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 75 | BIRTHPLACE | E.D. 46 SHEET 7 |
| COUNTY | | Iberia | | CITY | |
| ENUMERATED WITH | | | | | |
| Leblanc, Orleans | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Li | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P-61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 30 | | | 66 | 12 |
| COUNTY | | CITY | | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| MALANG | | W | 25 | | |
| ERISTA | | D | 8 | | |
| TOVIL | | S | 5 | | |
| GARRICK | | S | 2 | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|------------------------------------|-----------------------------|------------------|-------------------|
| L145 | HEAD OF FAMILY
<i>Lelilance</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>47</i> | BIRTHPLACE
<i>Aladan</i> | E.D.
<i>9</i> | SHEET
<i>7</i> |
| COUNTY
<i>Acadia</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Julia</i> | | <i>W</i> | <i>43</i> | |
| <i>Esra</i> | | <i>D</i> | <i>22</i> | |
| <i>Eladia</i> | | <i>D</i> | <i>18</i> | |
| <i>Anna</i> | | <i>S</i> | <i>15</i> | |
| <i>Isaac</i> | | <i>S</i> | <i>10</i> | |
| <i>Ence</i> | | <i>S</i> | <i>8</i> | |
| <i>Elvira</i> | | <i>D</i> | <i>5</i> | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc | | Albert | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 2 | 23 |
| W | 41 | | | | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Luzina | | W | 40 | | |
| Olivia | | D | 20 | | |
| Anne | | D | 19 | | |
| Josephine | | S | 16 | | |
| Laure | | D | 14 | | |
| Robert | | S | 8 | | |
| Rozela | | D | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|--------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Albert |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Filamoin | W | 33 | | |
| | Jeanne | D | 5 | | |
| | Antoine | S | 3 | | |
| | Elmire | Mother | 64 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|------|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leblanc Albert | | E.D. | | SHEET | |
| COLOR | W | AGE | 6 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| St. Martin | | | | | |
| EXENUMERATED WITH | | | | | |
| Attomus John W | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1819D-P61

LOUISIANA

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|------------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| 145 | Le Blanc, Albert | | 140 | 24 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 54 | | | |
| COUNTY | | CITY | | |
| Vermillion | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clair | W | 36 | | |
| Ludivic | S | 13 | | |
| Edgar | S | 8 | | |
| Amelie | M | 86 | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|------------------|--|------------|--|
| 2145 | | HEAD OF FAMILY | | Le Beane, Albert | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| W | | 26 | | | | 131 18 | |
| COUNTY | | | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Broussard | | S | | 8 | | | |
| Stanley | | S | | 6 | | | |
| Anast | | S | | 4 | | | |
| Ernestine | | S | | 1 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L 145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 37 | | | 33 |
| COUNTY | | SHEET | | |
| Lafayette | | 19 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emmerante | W | 22 | | |
| Aurelia | L | 5 | | |
| Alfred | L | 3 | | |
| Josephine | L | 1 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | La Blane, Liberia |
| COUNTY | Lafourche | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Olympie | W | 40 | | |
| | Carla | D | 17 | | |
| | Adonis | S | 14 | | |
| | Nolia | D | 12 | | |
| | Arby | S | 11 | | |
| | Maria | D | 9 | | |
| | Robert | S | 5 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

125044-00 10100-P81

| LOUISIANA | | | |
|-------------------------|---------------|--|------------|
| F-1445 | | HEAD OF FAMILY <i>Le Blanc. Albert</i> | |
| E.D. <i>28</i> | | SHEET <i>26</i> | |
| COLOR <i>7</i> | AGE <i>30</i> | BIRTHPLACE | |
| COUNTY <i>Jefferson</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Louise</i> | <i>W</i> | <i>27</i> | |
| <i>Eugenie</i> | <i>P</i> | <i>9</i> | |
| <i>Sylvia</i> | <i>S</i> | <i>6</i> | |
| <i>Sullivan</i> | <i>P</i> | <i>2</i> | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|---|---|---------------------------|
| | | LOUISIANA | |
| K145 | | NAME OF INDIVIDUAL
<i>Labilone Albert</i> | E.D. SHEET
<i>29 5</i> |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE | |
| COUNTY
<i>Jefferson</i> | | CITY | |
| ENUMERATED WITH
<i>Labilone John</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 15100-P01

| | | | | | |
|-------------------------|-----|-----------------|------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Leblanc, Albert | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 45 | | | | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maria | | W | 42 | | |
| Lillian | | D | 15 | | |
| Ignace | | S | 23 | | |
| Diana | | D | 9 | | |
| Joseph | | S | 22 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|--------------------|------|------------|-------|
| 2/4/5 | | HEAD OF FAMILY | | LOUISIANA | |
| Mr | | Mr. Cleane, Albert | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 23 | 23 | | | | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Emore | bro | 13 | | |
| | Hilder | bro | 2 | | |
| | Stella | bro | 7 | | |
| | William | bro | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------------------------|----------------|
| LOUISIANA | |
| L 145 | HEAD OF FAMILY |
| Le Blanc Albert | E.D. 4 SHEET 2 |
| COLOR | AGE |
| W | 44 |
| BIRTHPLACE | |
| COUNTY | |
| Ascension | CITY |
| Donaldsonville | |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| AGE | BIRTHPLACE |
| Selma | w |
| 36 | |
| Vella | d |
| 13 | |
| Vella | d |
| 11 | |
| Vivian | d |
| 8 | |
| Alvin | d |
| 4 | |
| Verda | d |
| 3 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----|--|-----|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 32 | E.D. | 104 |
| | | BIRTHPLACE | 26 | | |
| COUNTY | | Terrebonne | | CITY | |
| | | | | Houma | |
| ENUMERATED WITH | | Adrien Carrey | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

| | | | |
|-------------------------|---|-----------|------------|
| LOUISIANA | | | |
| L145 | HEAD OF FAMILY
<i>La Blanc, Albert</i> | | |
| E.D.
10 | SHEET
32 | | |
| COLOR
<i>Mu</i> | AGE
30 | | |
| BIRTHPLACE | | | |
| COUNTY
<i>Acadia</i> | CITY
<i>Crowley</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Emma</i> | <i>W</i> | <i>30</i> | |
| <i>Georges Costina</i> | <i>S D</i> | <i>10</i> | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| mw | | 44 | | 10 | 10 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Oliver | | 45 | 46 | | |
| | | | | | |
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FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|-------------------|-----|------------|-------|
| L145- | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 37 | | 3 | 30 |
| BIRTHPLACE | | LOUISIANA, ALBERT | | | |
| COUNTY | Acadia | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Louise | | W | 24 | | |
| Charlie | | S | 12 | | |
| Simon | | S | 5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|-------------------|--|------------|--|
| 2145 | | HEAD OF FAMILY | | LABLANC, Albert J | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 47 | | | | 99 1 | |
| COUNTY | | | | CITY | | | |
| St. Mary | | | | Derwick | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Living Alone | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 4145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 38 | | 51 | 16 |
| COUNTY | | | Thruville | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alcee | | W | 35 | | |
| Alisa | | S | 13 | | |
| Richard | | S | 10 | | |
| George | | S | 7 | | |
| Lillian | | D | 5 | | |
| Ledia | | D | 2 | | |
| J. M. L. | | S | 6/12 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--|-----------|------------|
| L145 | HEAD OF FAMILY
<i>La. Blanc, Alci</i> | | |
| E.D.
140 | SHEET
5 | | |
| COLOR
<i>W</i> | AGE
49 | | |
| BIRTHPLACE | | | |
| COUNTY
Vermillion | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Justitia</i> | <i>W</i> | <i>45</i> | |
| <i>Eli</i> | <i>S</i> | <i>27</i> | |
| <i>Eugenia</i> | <i>D</i> | <i>25</i> | |
| <i>Agire</i> | <i>D</i> | <i>21</i> | |
| <i>Ernest</i> | <i>S</i> | <i>23</i> | |
| <i>Peter</i> | <i>S</i> | <i>24</i> | |
| <i>Rosa</i> | <i>D</i> | <i>18</i> | |

19-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-----|------------|
| Hilare | 9 | 15 | |
| Eugene | 9 | 17 | |
| Edwney | 5 | 10 | |
| Louisa | 0 | 13 | |
| | | | |
| | | | |
| | | | |
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| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

LOUISIANA

| | | | | |
|--------------------------|-------------------------------------|---------------|----------------|----------------|
| 2142 | HEAD OF FAMILY <i>Le Blone Alce</i> | | E.D. <i>10</i> | SHEET <i>9</i> |
| COLOR <i>W</i> | AGE <i>33</i> | BIRTHPLACE | | |
| COUNTY <i>Assumption</i> | | CITY <i>9</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Julienne</i> | | <i>W</i> | <i>31</i> | |
| <i>Leonard</i> | | <i>S</i> | <i>11</i> | |
| <i>Leone</i> | | <i>C</i> | <i>6</i> | |
| <i>Ediga</i> | | <i>C</i> | <i>4</i> | |
| <i>Edna</i> | | <i>C</i> | <i>3</i> | |
| <i>Urite</i> | | <i>C</i> | <i>3/12</i> | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| NAME | | E.O. | SHEET |
| L 145 Le Blanc, Alce | | 21 | 28 |
| COLOR | AGE | BIRTHPLACE | |
| W | 46 | | |
| COUNTY | | CITY | |
| Lafayette | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Alida | w | 98 | |
| Tyler | S | 10 | |
| Sasha | D | 14 | |
| Simon | S | 8 | |
| Simone | S | 8 | |
| Otis | S | 12 | |

Form 10-636 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L145 | HEAD OF FAMILY | | ED. | SHEET |
| | Le Blanc | | 7 | 23 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 40 | | | |
| COUNTY | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Marie | | W | 35 | |
| Leonce | | S | 18 | |
| Leonce Jr | | S | 14 | |
| Marcel | | S | 11 | |
| Léon | | S | 10 | |
| Léonida | | S | 8 | |
| Morton | | S | 5 | |

FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY CONTINU

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - FAMILY (Continued)

USC (S) 44-117 16103-101

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|----------------|-----------|------------|
| COLOR | AGE | E.D. | SHEET |
| 5145 | Le Blanc, Alex | 109 | 13 |
| 6 | 30 | | |
| COUNTY | Terrebonne | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Leonie | W | 30 | |
| Ray | S | 5 | |
| Julian | S | 3 | |
| Lorian | D | 1 1/2 | |
| Julian | D | 1 1/2 | |
| Pelagien | C | 20 | |
| 1 Laura | C | 15 | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 20 | | 38 | | 9 | 36 |
| BIRTHPLACE | | Blanc Alcide | | | |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Aline | | w | 35 | | |
| Linda | | d | 8 | | |
| Alcide Jr. | | s | 3 | | |
| Harry | | s | 1 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|-----------------|-------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Blanc Alcide | | E.D. | SHEET |
| COLOR | W | AGE | 31 | 51 | 9 |
| | | BIRTHPLACE | | | |
| COUNTY | | Iberville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / | Alphonse Td. | W | 24 | | |
| / | Adrid | D | 6 | | |
| / | Alme | D | 7 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 69 | | 137 | 1 |
| COUNTY | | CITY | | |
| Vermillion | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eliza | W | 24 | | |
| Mrs | D | 42 | | |
| Samie | D | 40 | | |
| Elie | S | 30 | | |
| Joseph | S | 25 | | |
| | | | | |
| | | | | |

FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 8-45 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | Wade | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | | | | |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elia | | W | 33 | | |
| Eate | | D | 14 | | |
| Elia | | S | 12 | | |
| Carmelite | | D | 10 | | |
| Clau | | S | 7 | | |
| Mutha | | D | 4 | | |
| Simon | | S | 2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|------------------|-----|------------|-------|
| 5-145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Blanc, Alcide | | E D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 48 | | | | |
| COUNTY | | Tetrebbonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Melvin | H | 31 | | |
| | Arlo | S | 20 | | |
| | Paul | S | 18 | | |
| | Camille | S | 16 | | |
| | Nora | A | 14 | | |
| | Adeline | A | 12 | | |
| | Bridget | S | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| H | | 49 | | 131 | 24 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Rosalie | H | 48 | | |
| | Anna | D | 19 | | |
| | Joseph | S | 16 | | |
| | Elmore | S | 14 | | |
| | Elodie | D | 12 | | |
| | Quinnance | S | 10 | | |
| | Edelle | D | 8 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|----------------------------|--|-------------|
| HEAD OF FAMILY - CONTINUED | | LOUISIANA |
| | | CARD 2 OF 2 |

CARD 2 OF 2

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCIBAN-DC 15100-P61

| LOUISIANA | | | |
|-------------------------|--------------|-------|------------|
| E.D. | SHEET | | |
| L145 | | | |
| HEAD OF FAMILY | | | |
| Le Blanc, Alice | | | |
| COLOR | AGE | | |
| W | 30 | | |
| BIRTHPLACE | | | |
| | | | |
| COUNTY | CITY | | |
| Vermillion | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Eleanor M | W | 24 | |
| Fredy | S | 8 | |
| Mla | D | 7 1/2 | |
| | | | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|---------------------|--|-----------|----|
| 1145 | | HEAD OF FAMILY | | Le Blancs Calcielle | | LOUISIANA | |
| COLOR | W | AGE | 65 | BIRTHPLACE | | E.D. | 58 |
| | | | | | | SHEET | 11 |
| COUNTY | | St. Mary | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| / Brother | | W | 51 | | | | |
| / Cecile | | S | 31 | | | | |
| / Leon | | S | 25 | | | | |
| / Josephine | | S | 22 | | | | |
| / John | | D | 21 | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|----------------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 12 | BIRTHPLACE | Leblanc, Abdon |
| COUNTY | | St. Martin | | CITY | |
| ENUMERATED WITH | | Leblanc, Jules | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|---|------------------|---|--|--|--------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc Alexis</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE | | E.O.
<i>8</i> | SHEET
<i>16</i> |
| COUNTY
<i>Acadia</i> | | CITY
<i>St. Francis</i> | | | |
| ENUMERATED WITH
<i>Le Blanc Andrew</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|--|---|---|-----------|---|-------|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Le Blanc Alodia | | ED. | SHEET |
| COLOR | B | AGE | 13 | BIRTHPLACE | 42 |
| COUNTY | | | CITY | | |
| Vermillion | | | Abbeville | | |
| ENUMERATED WITH | | | | | |
| Ropland Henry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Le D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P-61

| | | | | | |
|--|---|---|------------|---|-------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Le Blanc Alidia | | E.D. | SHEET |
| COLOR | B | AGE | 35 | 136 | 32 |
| | | BIRTHPLACE | | | |
| COUNTY | | | Vermillion | CITY | |
| | | | Abbeville | | |
| ENUMERATED WITH | | | | | |
| Kopland Henry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Se W | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-OC 1910-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Alphonse | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Russey, Joseph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-61

| | | | | | |
|--|---|---|-----------------|--|----|
| 2745 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 24 | E.D. | 24 |
| | | BIRTHPLACE | SHEET 11 | | |
| COUNTY | | Iberia | CITY Jeanerette | | |
| ENUMERATED WITH | | | | | |
| Kobler Valerie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WIDOWER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

16C0044-15C 10190-P61

ST. PAUL, MO. 15195-P&1

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc Alex | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 138 6 | |
| 2 | 45 | | | | |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eda | | Li | 54 | | |
| Virginia | | M | 83 | | |
| Vellane | | B | 50 | | |
| Jans Barnard | | M | 30 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| L/45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 48 | BIRTHPLACE | |
| COUNTY | | Merrville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lily | | w | 45 | | |
| Ella | | D | 23 | | |
| Mary | | D | 15 | | |
| Louise | | D | 12 | | |
| Magnolia | | D | 7 | | |
| Freddie | | S | 8 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L-145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| White | | 27 | | 2 | 16 |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Madeline | | w | 21 | | |
| Larrea | | s | 1 1/2 | | |
| Harold | | brother | 66 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Brand | | Alexander | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| Black | 47 | | | | |
| COUNTY | Catcasieu | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | W | 39 | | |
| O'Neil | | S | 23 | | |
| Morgan | | S | 11 | | |
| Walker | | S | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----------------------------|-------------|------------|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | | AGE
27 | NAME
Ge. Elmer Alexander | | E.D.
10 |
| | | BIRTHPLACE | | SHEET
21 | |
| COUNTY
Ascension | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Theatrice | | W | 24 | | |
| Edwin | | S | 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 445 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 54 | | 73 | 12 |
| COUNTY | | CITY | | |
| Lafayette | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Philomais | W | 47 | | |
| Adelina | D | 16 | | |
| Marguerite | D | 14 | | |
| Edouard | D | 12 | | |
| Louise | D | 8 | | |
| Lucile | D | 1 | | |
| | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| White | | 56 | | 125 | 17 |
| COUNTY | | | St. Martin | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | W | 20 | | |
| Lubian | | S | 12 | | |
| Lubian | | S | 10 | | |
| Lubian | | S | 10 | | |
| Lubian | | S | 23 | | |
| Lubian | | S | 4 | | |
| Lubian | | W | - | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|-----------|------------|
| <i>John</i> | <i>D</i> | <i>12</i> | |
| <i>Robert</i> | <i>S</i> | <i>9</i> | |
| <i>William</i> | <i>D</i> | <i>5</i> | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

FORM 10-636a 1-4-20-011

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 6145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Alexandre | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 131 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Martin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc Sylvester | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P01

| | | | | | | | |
|-------------------------|--|----------------|--|--------------------|--|------------|--|
| 245 | | HEAD OF FAMILY | | Le Blanc Alexandre | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 57 | | | | 761 | |
| COUNTY | | | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| Euzazie | | | | W | | 18 | |
| Hazard | | | | S | | 18 | |
| Bourgeois Euthee | | | | C | | 8 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 70 | E.D. | 73 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | L3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Lafayette | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leblanc, Gustave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>S.</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S. | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------------|--|-------------|--|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 45
COLOR
W | | NAME OF INDIVIDUAL
Le Blanc, Abegon | | LOUISIANA
E.D.
11 | | SHEET
13 | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE
16 | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Iberia | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Charlotte Felix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 24 | Calcasieu | | 50 | 5 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emily | | W | 23 | | |
| Lynetta | | L | 5 | | |
| Lynetta | | L | 3 | | |
| Lynetta | | L | 1 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------|------------|-----------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| La Plane, Alexs | | E.D. | | SHEET | |
| COLOR | W | AGE | 50 | BIRTHPLACE | Lafayette |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Ida | w | 45 | | |
| | Claire | s | 28 | | |
| | Ramy | s | 25 | | |
| | Henry | s | 24 | | |
| | Isa | d | 18 | | |
| | Mary | d | 14 | | |
| | Gabriel | s | 10 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 19100-P01

| LOUISIANA | | | |
|-------------------------|--------------|----------------|------------|
| L-45 | | HEAD OF FAMILY | |
| E.O. | | SHEET | |
| 135 | | 4 | |
| COLOR | AGE | BIRTHPLACE | |
| W | 48 | | |
| COUNTY | Vermillion | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Louise | W | 41 | |
| Alise | D | 12 | |
| Ella | D | 10 | |
| Walker | S | 8 | |
| Jessie | S | 7 | |
| Lisa | D | 5 | |
| Jennie | D | 3 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| / Edna | A | 2 | |
| / Fred | S | 1 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE: 1910-1911

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------------|
| 745 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | Blanco, Texas |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| W. L. L. L. | W | 25 | | | |
| W. L. L. L. | 5 | 9 | | | |
| W. L. L. L. | 7 | 7 | | | |
| W. L. L. L. | 5 | 5 | | | |
| W. L. L. L. | 2 | 2 | | | |
| W. L. L. L. | 2 | 53 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 145 | NAME OF INDIVIDUAL
<i>L. Blanc Alliance</i> | | E. O.
<i>9</i> | SHEET
<i>34</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>4</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Bernischeaux Rosalie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16190-P61

| | | | | LOUISIANA | |
|-------------------------|----------------|--------------|------------------|------------|---------|
| L145 | HEAD OF FAMILY | | L. Blanc, Alfred | | E.D. 10 |
| | | | | | SHEET 9 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 47 | | | | |
| COUNTY | Assumption | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alexandrine | | W | 53 | | |
| Florence | | D | 24 | | |
| Felix | | S | 21 | | |
| Fidelie | | D | 19 | | |
| Leonce | | S | 15 | | |
| Alfred Jr. | | S | 13 | | |
| Babin, Marie | | Ni | 17 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|------------------------|--------------|------------|
| 2145 | HEAD OF FAMILY | E.D. | SHEET |
| | <i>Le Blanc Alfred</i> | <i>7</i> | <i>8</i> |
| COLOR | AGE | BIRTHPLACE | |
| <i>W</i> | <i>31</i> | | |
| COUNTY | CITY | | |
| <i>Ascension</i> | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Lucile</i> | <i>w</i> | <i>29</i> | |
| <i>Samuel</i> | <i>s</i> | <i>5</i> | |
| <i>Rena</i> | <i>d</i> | <i>4</i> | |
| <i>Bernice</i> | <i>s</i> | <i>3</i> | |
| <i>Ray</i> | <i>s</i> | <i>1</i> | |
| <i>Ray</i> | <i>s</i> | <i>1</i> | |
| <i>Hilda</i> | <i>d</i> | <i>3 1/2</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|-----------------|------------|
| 145 | HEAD OF FAMILY | Leblanc, Alfred | |
| | E.D. | 21 | SHEET 1 |
| COLOR
W | AGE
54 | BIRTHPLACE | |
| COUNTY | Iberia | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Rosalie | w | 48 | |
| Alcide | s | 24 | |
| Marie | d | 17 | |
| Annette | d | 13 | |
| Alice | d | 10 | |
| Marlin | s | 9 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|-----------------|------------|------------|
| P145 | HEAD OF FAMILY | | E.O. SHEET |
| | Le Blanc Alfred | | 132 44 |
| COLOR | AGE | BIRTHPLACE | |
| W | 225 | | |
| COUNTY | St. Martin | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Eline | W | 22 | |
| Lisa | S | 2 | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| 1145 | HEAD OF FAMILY | | E.D. 21 |
| Le Blanc, Alfred | | SHEET 28 | |
| COLOR | AGE | BIRTHPLACE | |
| W | 25 | Lafayette | |
| COUNTY | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / Emeline | W | 68 | |
| Arthur | S | 48 | |
| | | | |
| | | | |
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| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| L 145 | | 52 | 27 |
| COLOR | AGE | BIRTHPLACE | |
| W | 37 | Iberville | |
| COUNTY | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mathias | W | 31 | |
| Emma | D | 13 | |
| Ernest | S | 12 | |
| William | D | 7 | |
| Charley | S | 4 | |
| Richard | S | 2 | |
| | | | |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2745 | | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | | La Blanc Alfredo | | 102 | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 69 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Terrebonne | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Bertrand Gustave D | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

| | | | | | |
|--|---|---|----|--|-------|
| 8145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 15 | BIRTHPLACE | ALICE |
| COUNTY | | East Baton Rouge | | CITY | |
| ENUMERATED WITH | | | | | |
| Mc Adams Gary | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> BROTHER (Spec/ly) | |
| Step Daughter | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1812B-P61

| | | | | | |
|--|---|--------------------|---|------------|----------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 8 | BIRTHPLACE | La Blane, Miss |
| COUNTY | | CITY | | E.D. | SHEET |
| | | La Blane | | 39 | 7 |
| ENUMERATED WITH | | | | | |
| Grandet, Charles | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

| | | | | | |
|-------------------------|------------|----------------|------|------------|-------------|
| L. 4. | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | Albion, La. |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Hora | | W | 30 | | |
| Lee Roy | | S | 13 | | |
| Malibu | | D | 11 | | |
| Luisy | | D | 6 | | |
| Joseph | | S | 5 | | |
| Chram | | S | 3 | | |
| Amit | | S | 1 | | |

FORM 10-636 (4-20-61) 1 H-M
1910 CENSUS INDEX - FAMILY 1000

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Aline | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 45 | | | | |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Grand | | S | 19 | | |
| Olive | | S | 17 | | |
| Edward | | S | 15 | | |
| Octave | | S | 13 | | |
| Octavie | | D | 13 | | |
| Adolph | | S | 12 | | |
| Rudolph | | S | 10 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|---------------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 14 | BIRTHPLACE | Le Blanc, Algabille |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|-------------------------|-----------|----------------|---------------|------------|-----------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 26 | BIRTHPLACE | Ascension |
| | | | | E.D. | 5 |
| | | | | SHEET | 1 |
| COUNTY | | | CITY | | |
| | | | Gmallsouville | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Oscarine | W | 26 | | |
| | Martin L. | D | 5 | | |
| | Alton | D | 3 | | |
| | Loise L. | D | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Almond | | E.D. | | SHEET | |
| COLOR | W | AGE | 51 | 13 | 11 |
| BIRTHPLACE | | | | | |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ella | | W | 53 | | |
| Syblie | | S | 17 | | |
| Leslie | | S | 15 | | |
| Clyde | | S | 13 | | |
| Edward | | S | 11 | | |
| | | | | | |
| | | | | | |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 6115 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 45 | | 18 | 4 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ameline W | | | 41 | | |
| Lena S | | | 18 | | |
| Ida S | | | 13 | | |
| Maurice S | | | 7 | | |
| Kaine S | | | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | Le Blanc, Alouzo |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>745</i>
NAME OF INDIVIDUAL
<i>Leblanc, Alouise</i> | | E.D.
<i>55</i> | SHEET
<i>1</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>82</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Orleans</i> | | CITY
<i>Plaquemine</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Leblanc, Eli</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOPM-DC 15100-P61

| | | | | | |
|---|--|----------------|------------|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| w | | 29 | | 56 | 4 |
| COUNTY | | | CITY | | |
| <div style="text-align: center;"> MEMBERS OF FAMILY </div> | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jennette | | w | 33 | | |
| Lance | | s | 16 | | |
| Lida | | s | 14 | | |
| Lia | | s | 7 | | |
| Liam | | s | 5 | | |
| Lilian | | s | 2 | | |
| Lillian | | s | 53 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| L. Escala | Sr L. | 38 | |
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| | | | |
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F-70 (Rev. 10-6-66) 14-20-61

10 6360 14 20 61

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCARD OF 15188-P01

| | | | | | |
|--|-----|---|--|--|-------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 23 | Lafayette | | 70 | 31 |
| COUNTY | | CITY | | | |
| | | Lafayette | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Adonis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC (1910-P-61)

| | | | | | |
|-------------------------|----|----------------|-------|------------|--------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 31 | AGE | 37 | BIRTHPLACE | Le Blanc, Alphonse |
| | | | E.D. | 10 | SHEET 40 |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Myrtle | | W | 36 | | |
| Lucy | | D | 15 | | |
| Lawrence | | S | 8 1/2 | | |
| Charles | | S | 8 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | E.D. | | SHEET |
| 2145 LeBlanc Telephone | | 181 | | 4 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 26 | | | |
| COUNTY | | CITY | | |
| Vermillion | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maureen | D | 20 | | |
| Maureen | S | 5 | | |
| Theresa | D | 3 | | |
| Christina | S | 1 | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|----------------------------|------------------|--|--------------|----------------------|------------|----------|--|
| F 145
A | | HEAD OF FAMILY
<i>Le Blanc Alphonse</i> | | LOUISIANA
E.D. 13 | | SHEET 13 | |
| COLOR
<i>W</i> | AGE
<i>28</i> | BIRTHPLACE | | | | | |
| COUNTY
<i>Ascension</i> | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| <i>1 Irma</i> | | | <i>W</i> | <i>25</i> | | | |
| <i>and 3 Boarders</i> | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|-------------|--|-------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 17 | BIRTHPLACE | Le Blanc, Alabama |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Herville | | |
| RELATIONSHIP TO ABOVE | | | Moore Daisy | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 10100-P61

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 25 | | | 89 | 8 |
| COUNTY | St. Mary | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| James | | 12 | 3 | | |
| John | | 5 | 3 | | |
| Mary | | 5 | 5 | | |
| John | | 5 | 5 | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| MW | 57 | LeBlance Alphonse | | 1 | 2 |
| COUNTY | | RESIDENCE | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Henderson Elberta | | d | 15 | | |
| Sam | | s l | 30 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
| | |

| | | | | | |
|-------------------------|------------|----------------|------|------------|-----|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | LA |
| COUNTY | Vermillion | | CITY | E.D. | 133 |
| SHEET 24 | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 24 | | |
| John | | 2 | 3 | | |
| Mary | | 3 | 1 | | |
| Margaret | | 1 | 2 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--------|------------|----------------|------|
| 5145 | | HEAD OF FAMILY | |
| COLOR | W | AGE | 26 |
| COUNTY | Vermillion | | CITY |

| 5145 | HEAD OF FAMILY | Le Blanc Alphonse Mrs | | LOUISIANA |
|-------------------------|----------------|-----------------------|------------|-----------|
| COLOR W | AGE 30 | BIRTHPLACE | E.D. 136 | SHEET 9 |
| COUNTY | Vermillion | CITY | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | D | 21 | | |
| Jennelle | D | 19 | | |
| Levaning Andrew | N | 15 | | |
| ~ 1 Bo | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------|----------------|----------|--|
| 6145 | HEAD OF FAMILY | Le Blanc | |
| COLOR | AGE | | |

| 6145 | | HEAD OF FAMILY | | Le Blanc, Alphons | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-------------------|-----------|-----------|----|
| COLOR | W | AGE | 44 | BIRTHPLACE | Iberville | E.D. | 27 |
| COUNTY | | CITY | | K | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | | |
| Alice | W | 40 | | | | | |
| Lilland | S | 16 | | | | | |
| Margie | D | 14 | | | | | |
| Sadie | D | 12 | | | | | |
| Alphons | S | 11 | | | | | |
| Harold | S | 8 | | | | | |
| Alexander | S | 7 | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|----------------------------|--|
| HEAD OF FAMILY - CONTINUED | |
| | |
| | |

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | LOUISIANA |
|-------------------------|--------------|-----|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Melvin | S | 5 | |
| Pauline | D | 7 | |
| Rein | S | 7 | |
| Caroline | M | 82 | |
| | | | |
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FORM 10-636e (4-20-61)
1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

FORM 10-636 (4-20-61)
1910 CENSUS

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

113COMM-DC 15108-P61

HEAD OF FAMILY

COLOR

Feb 1 1911

L145 HEAD OF FAMILY *Le Black, Alexandre J.* LOUISIANA
 COLOR *W* AGE *30* BIRTHPLACE *Rapides* E.D. *79* SHEET *14*
 COUNTY *Rapides* CITY *Alexandria*

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------------|--------------|-----------|------------|
| <i>Marceline B</i> | <i>M</i> | <i>66</i> | |
| <i>Lee</i> | <i>B</i> | <i>23</i> | |
| <i>Suzanne</i> | <i>S</i> | <i>38</i> | |
| <i>Mathilda</i> | <i>N</i> | <i>9</i> | |
| <i>Franklin</i> | <i>N</i> | <i>7</i> | |
| <i>Suzanne</i> | <i>N</i> | <i>5</i> | |
| <i>Louise</i> | <i>N</i> | <i>2</i> | |

FORM 10-536 (4-20-81)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

L145 HEAD OF FAMILY
 COLOR

| | | | | | |
|-------------------------|------------|----------------|------|------------|---------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | La Blanc Alse |
| COUNTY | Assumption | | | E.D. | 9 |
| | | | | SHEET | 7 |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucie | | W | 33 | | |
| Philip | | S | 12 | | |
| Charley | | S | 4 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|--------------------|
| L145 | NAME OF INDIVIDUAL |
|------|--------------------|

| | | | | | |
|--|------------------|---|--|--|-------------------|
| L 145 | | NAME OF INDIVIDUAL
<i>Le Blance, Alta</i> | | LOUISIANA | |
| COLOR
<i>Mu</i> | AGE
<i>10</i> | BIRTHPLACE | | ED.
<i>1</i> | SHEET
<i>9</i> |
| COUNTY
<i>Ascension</i> | | CITY | | | |
| ENUMERATED WITH
<i>Johnson, Gustave</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Head child</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P-81

| | |
|-------|----------------|
| L 145 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mw | 35 | | | 65 | 17 |
| COUNTY | | CITY | | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Victoria | | W | 30 | | |
| Dominique | | S | 12 | | |
| Hyacinthe | | D | 11 | | |
| Elicia | | D | 8 | | |
| Alice | | D | 4 | | |
| Josette | | D | 1 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|------|--|-----------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 4 | BIRTHPLACE | Ascension |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| Kling Aurelius | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (8-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18199-P61

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

1910-701

2145 HEAD OF FAMILY *Le Blanc, Annada* LOUISIANA

COLOR *W* AGE *35* BIRTHPLACE *Iberia* E.D. *15* SHEET *11*

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|-----------|------------|
| <i>Alan</i> | <i>W</i> | <i>36</i> | |
| <i>Eley</i> | <i>S</i> | <i>7</i> | |
| <i>Maurice</i> | <i>S</i> | <i>5</i> | |
| <i>Walter</i> | <i>S</i> | <i>3</i> | |
| <i>Antonia</i> | <i>D</i> | <i>2</i> | |
| | | | |
| | | | |
| | | | |

FORM 10-636 16-20-811
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2105 HEAD OF FAMILY

COLOR

7145

| | | | |
|-------------------------|--------------|--------------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. |
| 20 | 39 | Le Blanc. Armaison | 22 |
| COUNTY | SHEET | | |
| Iberia | 5 | | |
| CITY | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Route Joe | W | 45 | |
| Lena | SD | 23 | |
| Edwin | SS | 22 | |
| Lilly | SD | 20 | |
| Le Blanc Agnes | D | 11 | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2145

| | |
|----------------|--|
| HEAD OF FAMILY | |
| COLOR | |

| | | | | | |
|-------------------------|---|----------------|------|------------|-----|
| L-45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 63 | BIRTHPLACE | |
| COUNTY | | | | E.D. | 113 |
| | | | | SHEET | 13 |
| Iberia | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Desire | | S | 26 | | |
| / Anne | | D | 21 | | |
| or 1 hired boy | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L-45 | HEAD OF FAMILY |
|------|----------------|

| | | | | |
|-------------------------|----------------|-------------------------|------------|--------------------|
| 2145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
18 | NAME
LeBlanc Ambrose | | E.D. SHEET
7610 |
| BIRTHPLACE | | | | |
| COUNTY
Lafayette | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | W | 16 | | |
| | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|----|---|----|--|------------------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 26 | AGE | 66 | BIRTHPLACE | E.D. 37 SHEET 14 |
| COUNTY | | Calcasieu | | CITY Lake Charles | |
| ENUMERATED WITH La Blanc D. L. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16199-P61

| | | | | | |
|--|-----|---|--|--|-------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | ED. | SHEET |
| W | 24 | Calcasteu | | 52 | 14 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | Jennings | | | |
| RELATIONSHIP TO ABOVE | | Nurse Hamer | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>cook</u> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 16100-P61

| | | | | | |
|---|---|---|------|--|-----------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 47 | BIRTHPLACE | Ascension |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | Irishell, Robert | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

1910-PC1

| | | | | | |
|--|---|--------------------|----|------------|--------|
| 8.45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 86 | BIRTHPLACE | 140 24 |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input checked="" type="checkbox"/> BROTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (10-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB-DC 1910-PC1

1 1 1 1

HEAD OF FAMILY

| | | | | | |
|-------------------------|------------|----------------|-----------------|------------|-----------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | LOUISIANA |
| COUNTY | Washington | | CITY Logansport | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | W | 46 | | |
| Tata | | S | 21 | | |
| Blanchard | | S | 18 | | |
| Blanchard, Louise | | S | 71 | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|--------|----------------|------|------------|---|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | |
| COUNTY | Acadia | | CITY | E.D. | 8 |
| | | | | SHEET | 7 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celeste | | W | 52 | | |
| Eugene | | S | 16 | | |
| Eddie | | S | 13 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | Leblanc Amale |
| COUNTY | Calcasieu | | CITY | E.D. | SHEET |
| | | | | 41 | 13 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Josephine | W | 37 | | | |
| Mary C. | D | 17 | | | |
| Rosa | D | 16 | | | |
| Zelma | D | 14 | | | |
| Villous | S | 12 | | | |
| Louise | D | 9 | | | |
| Adam | S | 7 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED | | LOUISIANA | |
|----------------------------|--------------|-----------|-------------|
| OTHER MEMBERS OF FAMILY | | | CARD 2 OF 2 |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Cecil | S | 2 | |
| Etienne | S | 12 1/2 | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | |
|------|----------------|
| 1145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 53 | BIRTHPLACE | Amoyean |
| COUNTY | | Acadia 1 | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Adeline | W | 38 | | | |
| Adelon | L | 20 | | | |
| Leon | L | 18 | | | |
| Ledia | D | 15 | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 66 | BIRTHPLACE | Le Blane Anstole |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annette | | W | 56 | | |
| Mary | | D | 27 | | |
| Laurance | | D | 25 | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|------------|------|
| 145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 23 | Blanc Anceal | | 9 |
| COUNTY | SHEET | | | |
| Ascension | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Arline | w | 21 | | |
| Ruth | d | 5 1/2 | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|-------------------|
| 8-45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 19 | BIRTHPLACE | E.D. 137 SHEET 15 |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | | | |
|-------------------------|-----------|----------------|-----|----------------|------------|-----------|----|
| L 145 | | HEAD OF FAMILY | | LeBlanc, Andre | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | | E.D. | 71 |
| COUNTY | Lafayette | | | CITY | Longsville | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Marcel | | W | 24 | | | | |
| Bolton | | of | 7 | | | | |
| David | | | 22 | | | | |
| and one lodger | | | | | | | |
| | | | | | | | |
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FORM 10-436 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Terrebonne |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| James | W | 27 | | | |
| Charles | S | 9 | | | |
| Estelle | D | 7 | | | |
| Anna | D | 3 | | | |
| Arthur | S | 12 | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 20 | 26 | New Iberia | 18 17 |
| COUNTY | | CITY | |
| Iberia | | New Iberia | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Idolice | w | 25 | |
| Paul | s | 5 | |
| August | s | 3/12 | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------|------------|----|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | |
| | | | | E.D. | 8 |
| | | | | SHEET | 16 |
| COUNTY | | | | | |
| Acadia | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Omelia | W | 51 | | |
| | Mary | S | 21 | | |
| | Charles | D | 15 | | |
| | Alice | S | 16 | | |
| | Alacia | S.C. | 21 | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|----|------------|-------------------|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 19 | BIRTHPLACE | E. D. 51 SHEET 10 |
| COUNTY | | Barville | | CITY | |
| ENUMERATED WITH | | L. Y. Bland French | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> IMMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;">B</div> </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

1910-601

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Acadia |
| | | | | E.D. | 8 |
| | | | | SHEET | 16 |
| COUNTY | | Acadia | | | |
| | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leonie | | W | 19 | | |
| Abba Ella | | S | 1 | | |
| Cula M. Lang | | D | 3/4 | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Angelina</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE | | E.D.
<i>2</i> | SHEET
<i>16</i> |
| COUNTY
<i>Ascension</i> | | CITY | | | |
| ENUMERATED WITH
<i>Rodriguez, Edward</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1819B-P61

| | | | | | |
|--|---|---|----|---|------------------|
| 8175 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 57 | BIRTHPLACE | Liblanc, Angella |
| COUNTY | | Plaquemines | | CITY | |
| ENUMERATED WITH | | | | | |
| Liblanc, Charles C | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Si | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | Anger |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 48 | | |
| Willie | | S | 22 | | |
| Dellie | | D | 15 | | |
| Jessie | | D | 17 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|---------------------|-----|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 26 | 67 | Le Blanc Aniel Mrs. | | 7 | 1 |
| COUNTY | | CITY | | | |
| Acadia | | Estherwood | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Boudreaux Anira | | nd ch | 19 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|----|------------|----|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 13 | BIRTHPLACE | |
| | | | | E.D. | 3 |
| | | | | SHEET | 27 |
| COUNTY | | Acadia | | CITY | |
| ENUMERATED WITH | | | | | |
| Leblanc, Theo | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SI | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-PC1

| | | | | | |
|--|---|--|----|--|-----------|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | w | AGE | 30 | BIRTHPLACE | |
| COUNTY | | St. Tammany | | CITY | Covington |
| ENUMERATED WITH | | | | | |
| Orgeron Clotie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18155-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Anaise</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>16</i> | BIRTHPLACE | | E.D.
<i>103</i> | SHEET
<i>19</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Terrebonne | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blanc, Guillaume</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB-DC 15105-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 8145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 21 | | | 90 | 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | St. Mary | | Franklin | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Charlotte, Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15102-P61

| | | | |
|---|---------------|------------|-------|
| P145 | | LOUISIANA | |
| NAME OF INDIVIDUAL | | E.D. | SHEET |
| Leblanc Annie | | 79 | 14 |
| COLOR | AGE | BIRTHPLACE | |
| W | 2 | | |
| COUNTY | Pointe Coupee | CITY | |
| ENUMERATED WITH | | | |
| Morrison Edward | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input checked="" type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

16COMM-DC 16125-P61

| | | | | | |
|--|---|--------------------|----|------------|------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 20 | BIRTHPLACE | E.D. 105 SHEET 3 |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Mary | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) - | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc Antoine</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>5</i> | BIRTHPLACE | | E.O.
<i>136</i> | SWEET
<i>32</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Abbeville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Ropland Henry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>se 5</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>se 5</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>se 5</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|--|---|--------------------|----|------------|-----------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | E.D. 55 SHEET 1 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | Plaquemine | | | |
| RELATIONSHIP TO ABOVE | | Leblanc, Elie | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;">B</div> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 13 | 38 | Le Blanc Antoine | 136 17 |
| COUNTY | | CITY | |
| Vermillion | | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary | W | 29 | |
| Marcelle | D | 11 | |
| Elema | D | 9 | |
| Bennold | D | 8 | |
| Antoine Jr. | S | 6 | |
| | | | |
| | | | |

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Man | 64 | Antoine | | 65 | 63 |
| COUNTY | | CITY | | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dora | | D | 38 | | |
| Armand | | S | 26 | | |
| Archilles | | S | 22 | | |
| Agema | | D | 19 | | |
| Alphonse | | D | 15 | | |
| Batiste | | G.D | 11 | | |
| Celine | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 65 | | | 134 | 1 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 John | | 3 | 29 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|--|------------------|--|--------------|--|-------|--|
| 7145- | | HEAD OF FAMILY | | E.D. | | SHEET | |
| | | Le Blanc Antoine | | 131 | | 27 | |
| COLOR | | AGE | | BIRTHPLACE | | | |
| W | | 30 | | | | | |
| COUNTY | | | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Celeste | | | | W | | 28 | |
| Cyrus | | | | S | | 9 | |
| Lester | | | | S | | 7 | |
| Jewell | | | | S | | 5 | |
| Corinne | | | | D | | 2 | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | |
|-------------------------|----------------|-------------------|
| 5145 | HEAD OF FAMILY | LeBlance, Antoine |
| COLOR | AGE | BIRTHPLACE |
| w | 42 | |
| COUNTY | Vermillion | |
| | CITY | |
| | L'Acade | |
| OTHER MEMBERS OF FAMILY | | |
| NAME | RELATIONSHIP | AGE |
| Marcel | w | 38 |
| Estre, Eudide | SD | 19 |
| Joseph | S.S. | 14 |
| Eda | S.S. | 12 |
| | | |
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| | | | | | |
|-------------------------|---|----------------|------|------------|--|
| D145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Antonio | | E.D. | | SHEET | |
| 131 | | 25 | | | |
| COLOR | W | AGE | 21 | BIRTHPLACE | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Caroline | | W | 30 | | |
| Euphrosine | | D | 12 | | |
| Alberse | | S | 10 | | |
| Edda | | D | 8 | | |
| Thyrese | | D | 6 | | |
| Percy | | S | 3/12 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Antwine | | E.D. | | 123 | |
| COLOR | AGE | BIRTHPLACE | | SHEET | |
| Mu | 27 | | | 3 | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Methul | | W | 23 | | |
| Uola | | D | 3 | | |
| Lawrence | | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|-----------------|--|------------|-----|
| L145 | | HEAD OF FAMILY | | Le Blanc Aptat. | | LOUISIANA | |
| COLOR | h | AGE | 21 | BIRTHPLACE | | E.D. | 133 |
| | | | | | | SHEET 6 | |
| COUNTY | | | | Vermillion | | CITY | |
| | | | | Ertz | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Cepina | | u | | 22 | | | |
| Nella | | s | | 3 | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|--|
| P. 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blancs Apt. 1 | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Charlotte | | W | 40 | | |
| Anna | | D | 18 | | |
| Thea | | S | 18 | | |
| Gene | | S | 17 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 745 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Arcade | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 44 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucille | | W | 36 | | |
| Cesar | | S | 19 | | |
| Mito | | S | 17 | | |
| Sabine | | S | 11 | | |
| Arcille | | D | 4 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--------------|------------------|------------|-----------|--|
| 445 | | HEAD OF FAMILY | | Le Blanc Arshede | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. | SHEET | |
| w | | 35 | | | 51 | 9 | |
| COUNTY | | | Tberville | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Arshede | | | M | 58 | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|-----|------------------|------------|------------|-------|
| K145 | | HEAD OF FAMILY | | Le Blanc Ardonis | | LOUISIANA | |
| COLOR | | W | AGE | 45 | BIRTHPLACE | E.D. | SHEET |
| | | | | | | 28 | 16 |
| COUNTY | | | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosie | | | | W. | 36 | | |
| Clara | | | | S | 19 | | |
| Marcelline | | | | S | 17 | | |
| Harrison | | | | S. | 13 | | |
| Lassie | | | | D | 10 | | |
| Mabel | | | | D | 8 | | |
| Sidney | | | | S | 5 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

10.6360 42061

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GPO: 1964-2-269

| | | | | | |
|--|--|---|--|---|--|
| 5745 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leblanc, Archide | | E.D. | | 21 | |
| COLOR | | AGE | | SHEET | |
| W | | 23 | | 7 | |
| BIRTHPLACE | | COUNTY | | CITY | |
| ENUMERATED WITH | | Iberia | | | |
| RELATIONSHIP TO ABOVE | | Natin, Eugene | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P41

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 245 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 165 | | | 132 23 |
| COUNTY | | | St. Martin | | CITY |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Philomene | | W | 57 | | |
| Jules | | S | 20 | | |
| Carlson | | S | 18 | | |
| Mary | | S | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Aristide | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 26 | | | | |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Anna | | W | 24 | | |
| Ene | | Si | 20 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|-------------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Blanc Aristide | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 31 | | | | |
| COUNTY | Assumption | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugene | | hi | 29 | | |
| Maconly | | s | 6 | | |
| Iry | | s | 5 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-------|------------|-------|
| P. 45 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Leblanc, Aristide | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 22 | | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celeste | | W | 21 | | |
| James | | S | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blance Arestelle | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| MW | 8 | | | | |
| COUNTY | | CITY | | | |
| | | Ascension | | | |
| ENUMERATED WITH | | | | | |
| Johnson Perry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
son | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|--|-----------------|------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 32 | | 7 | 14 |
| BIRTHPLACE | | LeBlanc, Aricol | | | |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Celestine | | W | 21 | | |
| / Lense | | D | 12 | | |
| / Estella | | D | 10 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|---|--|
| 2145 | | NAME OF INDIVIDUAL
<i>L. L. L. L. L.</i> | | LOUISIANA | |
| COLOR
<i>W</i> | | AGE
<i>36</i> | | E.O. SHEET
<i>55 6</i> | |
| COUNTY | | CITY | | | |
| ENUMERATED WITH
<i>Barker</i> | | RELATIONSHIP TO ABOVE
<i>Uncle</i> | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> PRISONER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO-DC 15106-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|----------------|--------------|----------|
| 2145 | Leblanc Ariate | E.D. 138 | SHEET 23 |
| COLOR | AGE | BIRTHPLACE | |
| W | 24 | | |
| COUNTY | Vermillion | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| Eda | | W | 21 |
| Wiley | | S | 9 |
| Valla Charley | | BL | 15 |
| Edmon | | BL | 12 |
| | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L. 45- | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Aristide | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 50 | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 47 | | |
| Jacques | | S | 15 | | |
| Aristide | | S | 13 | | |
| Edith | | S | 8 | | |
| Sylvester | | S | 23 | | |
| Mathilda | | D | 19 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-----|------------|--|
| P145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Aristile | | E.D. | | SHEET | |
| COLOR | W | AGE | 37 | 131 30 | |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Cora | W | 32 | | |
| | Arille | S | 12 | | |
| | Eliu | D | 10 | | |
| | Pal | S | 9 | | |
| | Sonson | S | 8 | | |
| | Ariseville | Sg | 6 | | |
| | Edwin | S | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|--------------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Blanc Aristille | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 36 | | | | |
| COUNTY | | Acadia 1 | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Elizabeth | | W | 27 | | |
| and 2 Hired men | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------------|----------------|------|------------|--|
| R145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le. Blanchard | | W.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 48 | | | | |
| COUNTY | East Baton Rouge | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Kate | | w | 45 | | |
| Albert | | s | 22 | | |
| Lidia M | | d | 20 | | |
| Arthur L | | s | 18 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|-----------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>La Blance, Armand</i> | | LOUISIANA | E.D.
2 | SHEET
1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>30</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Ascension</i> | | CITY
<i>Ascension</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Wife, Daisy</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S-S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S-S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S-S</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 1910-P01

| | | | | | |
|-------------------------|-----|----------------|-----|-------------|--|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| E. D. | | SHEET | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 56 | | | | |
| COUNTY | | CITY | | | |
| | | Iberville | | Diagonville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Tobias | | W | 50 | | |
| 1 Josephine Beatrice | | D | 17 | | |
| 1 Lucien | | S-L | 20 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|--|
| 545 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Armand | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 60 | | | | |
| COUNTY | | West Baton Rouge | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|-----------------|-------|
| 545 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 14 | | 52 | | 21 | 2 |
| COUNTY | | RAPIDES | | CITY | |
| | | | | Alexandria City | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary D | | W | 53 | | |
| Nathan | | F | 30 | | |
| Liliane Philip | | S | 24 | | |
| Therest | | D | 25 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|------|-----------|-------|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 19 | | | 113 | 10 |
| COUNTY | | | CITY | | |
| IBERIA | | | | | |
| ENUMERATED WITH | | | | | |
| BIDEAU, Essile | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> WIFE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>partner</u> | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16106-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 46 | | | 143 | 19 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 41 | | |
| Cleveland | | S | 20 | | |
| Emile | | S | 17 | | |
| Agnes | | D | 14 | | |
| Alley | | S | 12 | | |
| Philman | | S | 7 | | |
| Virginia | | D | 6 | | |

FORM 10-676 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-----|------------|
| 1 Nola | S | 2 | |
| | | | |
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FORM 10-634a (4-20-61)

1930 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19108-1-61

LOUISIANA

| | | | | |
|-------------------------|-----------------------------------|---------------|--------------|-------------|
| 545 | HEAD OF FAMILY
Le Blanc Arthur | | E.D.
1021 | SHEET
49 |
| COLOR
W | AGE
53 | BIRTHPLACE | | |
| COUNTY | | CITY
Houma | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Clyde | | W | 45 | |
| John | | D | 26 | |
| Edward | | D | 25 | |
| Clotile | | D | 23 | |
| Arthur | | D | 16 | |
| Maudie | | D | 12 | |
| Lola | | D | 10 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-----|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Arthur | | E.D. | | SHEET | |
| COLOR | W | AGE | 45 | BIRTHPLACE | |
| COUNTY | Vermillion | | | CITY | |
| Abbeville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / | Edolie | W | 32 | | |
| / | Agnes | D | 17 | | |
| / | Oliver | D | 14 | | |
| / | Maurice | S | 12 | | |
| / | Manuel | S | 10 | | |
| / | George | S | 7 | | |
| / | Emma | D | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|------|------------|
| 1 Louis | S | 2 | |
| Adel | S | 0/12 | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15199-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Arthur | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 24 | 45 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pedora | | H | 25 | | |
| Edite | | S | 21 | | |
| Rena | | S | 18 | | |
| Mora | | S | 15 | | |
| Walter | | S | 9 | | |
| Lotta | | S | 8 | | |
| Eunice | | S | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------------------|-------------------|-----|------------|
| Laundry, Ernest | W | 25 | |
| Bob Johnbaptiste | Widder | 54 | |
| | | | |
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FORM 9-536a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 15108-P61

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------|--|------------|--|
| 445 | | HEAD OF FAMILY | | Leblanc, Arthur | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 40 | | | | 47 11 | |
| COUNTY | | | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Josephine | | W | | 26 | | | |
| Sidney | | S | | 12 | | | |
| William | | S | | 10 | | | |
| Bella | | D | | 8 | | | |
| Charles | | S | | 6 | | | |
| Nora | | D | | 4 | | | |
| Edna | | D | | 2 | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| | | 26 | | 48 | 42 |
| COUNTY | | | Lafourche | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| W. H. H. H. | | W | 27 | | |
| Edam | | S | 2 | | |
| C. H. | | D | 12 | | |
| | | | | | |
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FORM 10-434 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--|
| 445 | | HEAD OF FAMILY | | LOUISIANA | |
| 30 Years. Father | | E.D. | | SHEET | |
| COLOR | 4 | AGE | 34 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| Lefourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 33 | | |
| Sara | | D | 1 | | |
| William Jr | | S | 5 | | |
| Lillie | | S | 13 | | |
| Lillian | | D | 9 | | |
| Anna | | S | 7 | | |
| Julia | | D | 4 | | |

FORM 10-636 (4-20-41)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

10-6360 4 20 6

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SECRET 15198-101

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| H | | 21 | | 15 | 17 |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | H | 23 | | |
| Marie | | F | 5 | | |
| William | | H | 2 | | |
| Helen | | S | 7 | | |
| Cecilia | | S | 2 | | |
| Lily | | S | 3 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|----|----------------|-----|-----------------|--|-----------|-----|
| L145 | | HEAD OF FAMILY | | Le Blanc Arthur | | LOUISIANA | |
| COLOR | 13 | AGE | 27 | BIRTHPLACE | | E.D. | 149 |
| | | | | | | SHEET | 8 |
| COUNTY | | | | West Feliciana | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Esther | | W | 29 | | | | |
| Elmonia | | D | 7 | | | | |
| Arthur | | S | 4 | | | | |
| Jennie | | D | 5 | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 45 | | HEAD OF FAMILY | | LOUISIANA | |
| L. Blanc Awilda | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 35 | | | | |
| COUNTY | | Vermillion | | CITY | |
| | | | | Greysdam | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Matalia | | W | 32 | | |
| Dupreville | | S | 10 | | |
| Marie | | D | 8 | | |
| Agnes | | D | 6 | | |
| Dorothy | | D | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|--|-------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 17 | | 142 | 15 |
| BIRTHPLACE | | | | | |
| COUNTY | | Vermillion | | | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Nicise | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------|--|------------|--|
| 45 | | HEAD OF FAMILY | | Leblanc, Atlien | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 54 | | | | 211 | |
| COUNTY | | | | CITY | | | |
| Iberia | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| Dassie | | | | w | | 48 | |
| Eugenia | | | | d | | 11 | |
| Cassie | | | | s | | 16 | |
| Woodliss | | | | s | | 15 | |
| Emily | | | | d | | 13 | |
| Norah | | | | d | | 11 | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|-----|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, August | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 30 | | | | |
| COUNTY | Acadia | CITY | | Rayne | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Agania | | W | 26 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Lillane | | August | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| Mr | 3 | | | | |
| COUNTY | | | CITY | | |
| Cameron | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Joane | | W | 21 | | |
| Kigens | | D | 3 | | |
| Johnie | | S | 1 | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | |
|-------------------------|----------------|------------|
| L145 | HEAD OF FAMILY | E.D. 1024 |
| | 39 | SHEET 39 |
| COLOR W | AGE 39 | BIRTHPLACE |
| COUNTY Terrebonne | CITY Thibodaux | |
| OTHER MEMBERS OF FAMILY | | |
| NAME | RELATIONSHIP | AGE |
| Cornelia | D' | 30 |
| Maudie | D | 7 |
| Augustine | D | 6 |
| Edna | D | 5 |
| Gertrude | D | 3 |
| | | |
| | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|----------|--------------|-----------|------------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| 145 | Le Blanc | Auguste | 23 | 22 |
| COLOR | AGE | BIRTHPLACE | | |
| (W) | 38 | | | |
| COUNTY | Iberia | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 | Corine | (W) | 33 | |
| | Claude | S | 6 | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|-------------------|--------------|-----------|------------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| 5745 | Le Blanc Augustin | | 100 | 1 |
| COLOR | AGE | BIRTHPLACE | | |
| 6 | 48 | | | |
| COUNTY | | CITY | | |
| Irebonne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Madeline | | w | 52 | |
| 4 1/2 | | | | |
| | | | | |
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| | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|---------------------|--------------|-----------|------------|
| 7-45 | HEAD OF FAMILY | | E.D. | SHEET |
| | Le Blanc, Augustile | | 15 | 19 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 33 | | | |
| COUNTY | | CITY | | |
| Iberia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Augustile | | S | 12 | |
| Lawrence | | S | 10 | |
| Anupulon | | S | 9 | |
| Joseph | | S | 7 | |
| Bourque Etellie | | Si | 20 | |
| 1 Anastore | | Si | 19 | |
| | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-------------------|------------|------------|
| L145 | Leblanch Augustin | E.D. 67 | SHEET 16 |
| COLOR W | AGE 28 | BIRTHPLACE | |
| COUNTY St. James | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Cleria | W | 27 | |
| Georgin | S | 7 | |
| Elma | S | 6 | |
| Karrel | S | 4 | |
| Ferrel | S | 1 1/2 | |
| | | | |
| | | | |

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|--------------------|------------|-----------|-------|
| 2145 | | Le Blanc, Augustin | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | | | | |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Rosie | W | 33 | | | |
| Marie | D | 13 | | | |
| Lillie | D | 12 | | | |
| Henry | D | 9 | | | |
| Justin | S | 6 | | | |
| Willard | S | 4 | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|--------------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 5145 | 37 | Le Blanc, Augustin | 109 19 |
| COUNTY | | CITY | |
| Terrebonne | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Axline | U | 38 | |
| Alphège | S | 12 | |
| Joséphine | D | 10 | |
| 4 1 orphans | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-----------|-------------------|-----|-----------------|-------|
| 2145 | | LeBlanc, Augustin | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| mu | 34 | | | | |
| COUNTY | | Lafourche | | CITY Theboudaux | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Cecile | w | 29 | | |
| | Cora | d | 9 | | |
| | Frederick | s | 7 | | |
| | Norbert | s | 6 | | |
| | Golden | s | 4 | | |
| | Cecile Jr | d | 2 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|---------------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Blanc, Augustine | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 50 | | | | |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 55 | | |
| Warren | | S | 20 | | |
| Andrew | | S | 25 | | |
| Leslie | | S | 22 | | |
| Minnie | | D | 21 | | |
| Lillie | | D | 20 | | |
| Lucinda | | D | 18 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------|-------------------|-----|------------|
| Albert | S | 17 | |
| Adlie | D | 15 | |
| Isabella | D | 14 | |
| Pranster | S | 11 | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15100-101

| LOUISIANA | | | |
|-------------------------|---------------------|------------|------------|
| L145 | HEAD OF FAMILY | | E.D. |
| | Le Blanc, Augustine | | 33 |
| COLOR | AGE | BIRTHPLACE | |
| W | 53 | | |
| COUNTY | East Baton Rouge | | CITY |
| | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Bertha | W | 45 | |
| Ruby | D | 25 | |
| Julius | S | 21 | |
| Claude | S | 19 | |
| Muriel | D | 17 | |
| Lelia | D | 15 | |
| Adolph | S | 10 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------------|-------------------|----------|------------|
| 1 <i>Silma</i> | <i>S</i> | <i>8</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15108-P61

LOUISIANA

| | | | | |
|-------------------------|-------------------|--------------|------|------------|
| 545 | HEAD OF FAMILY | | E.D. | SHEET |
| | La Blanc Augustin | | 26 | 12 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 42 | | | |
| COUNTY | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| | Harry | S | 18 | |
| | Lily | D | 16 | |
| | Dobelia | D | 14 | |
| | Edward | S | 12 | |
| | Maud | D | 10 | |
| | Leona | D | 7 | |
| | Gustave | S | 5 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| HEAD OF FAMILY - CONTINUED | | CARD 2 OF 2 | |
|----------------------------|--------------|-------------|------------|
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 <i>Inez</i> | <i>D</i> | <i>3</i> | |
| | | | |
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10-6360-14-21-611

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

11500-101 15100-P61

HEAD OF FAMILY

LOUISIANA

| | | | | | |
|-------------------------|---|----------------|------------|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 75 | BIRTHPLACE | |
| COUNTY | | | Assumption | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Philomena | | W | 59 | | |
| Nema | | D | 28 | | |
| Almatine | | S L | 28 | | |
| Philomena | | S D | 7 | | |
| Marie | | S L | 6 | | |
| Agnes | | S L | 4 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------------|--------------------------------|--|--|
| L145 | NAME OF INDIVIDUAL
<i>LeBlanc, Auben</i> | | E.D.
7 | SHEET
15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
42 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Hoyt, William M.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Herald Man</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Herald Man</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Herald Man</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOM-DC 15100-P61

LOUISIANA

| | | | | | |
|--|------------------|---|--|---|-------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Lelane, Paula</i> | | E.D. 50
<i>50</i> | SHEET
<i>9</i> |
| COLOR
<i>W</i> | AGE
<i>36</i> | BIRTHPLACE | | | |
| COUNTY
<i>Iberville</i> | | CITY | | | |
| ENUMERATED WITH
<i>Circ, Paul H</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>C</i> | |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16166-P61

Leblanc

| | | | | | |
|-------------------------|-----------|------------------|-----------|------------|----------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| <i>Leblanc</i> | | <i>Aurelia</i> | | E.O. 73 | SHEET 12 |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>W</i> | <i>61</i> | <i>Lafayette</i> | | | |
| COUNTY | CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Gladi</i> | | <i>W</i> | <i>54</i> | | |
| <i>Beau</i> | | <i>S</i> | <i>21</i> | | |
| <i>Jaquie</i> | | <i>S</i> | <i>24</i> | | |
| <i>Aretta</i> | | <i>S</i> | <i>16</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|--|--|--|--------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Lelilane, Ausinga</i> | | E.D.
<i>73</i> | SHEET
<i>15</i> |
| COLOR
<i>cc</i> | AGE
<i>26</i> | BIRTHPLACE | | | |
| COUNTY
<i>Lafayette</i> | | CITY | | | |
| ENUMERATED WITH
<i>Cormier, Senorite</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P81

| | | | | LOUISIANA | |
|-------------------------|-----|-----------------|------|------------|-------|
| L145 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | La Blanc Aureom | | 9 | 1 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 72 | Assumption | | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Bertha | | D | 42 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|----------------|------------------|------|------------|-------|
| 243 | HEAD OF FAMILY | Leblance, Anscor | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 35 | | | | |
| COUNTY | St Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Telesia | | W | 32 | | |
| Telesnize | | d | 11 | | |
| Louis | | s | 9 | | |
| Larance | | s | 1 | | |
| Emillire, Telesita | | s | 23 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|----------------|-----|------------------|------------|------------|-------|---|
| L145 | HEAD OF FAMILY | | Le Blanc, Austin | E.D. | 74 | SHEET | 6 |
| COLOR | 3hu | AGE | 40 | BIRTHPLACE | | | |
| COUNTY | | | Lafayette | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Sharie | | | W | 40 | | | |
| Fabula | | | D | 19 | | | |
| Anisima | | | D | 17 | | | |
| Laira | | | D | 16 | | | |
| Thadde | | | D | 12 | | | |
| Bernadette | | | D | 9 | | | |
| Thercedez | | | D | 7 | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2145 | | HEAD OF FAMILY | | E.O. | SHEET |
| COLOR | | AGE | BIRTHPLACE | | |
| COUNTY | | | St. Mary | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leticia | | | | | |
| Leticia | | | | | |
| Leticia | | | | | |
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FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|---|------------|------------|-------------|
| L145 | NAME OF INDIVIDUAL
<i>Le Blanc Avarisile</i> | | E.D.
13 | SHEET
11 |
| COLOR
W | AGE
23 | BIRTHPLACE | | |
| COUNTY
Ascension | CITY | | | |
| ENUMERATED WITH
<i>Kling Aurelius</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input checked="" type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
 <hr/> </div> </div> | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

| | | | LOUISIANA | |
|-------------------------|--|------------------|------------|-------------|
| 5145 | HEAD OF FAMILY
<i>Le Blanch Arvid J</i> | | E.D.
39 | SHEET
38 |
| COLOR
<i>W</i> | AGE
34 | BIRTHPLACE | | |
| COUNTY | | CITY | | |
| | | <i>Calcasieu</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Cora</i> | | <i>W</i> | <i>34</i> | |
| <i>1</i> | <i>Arvid</i> | <i>S</i> | <i>11</i> | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | |
|-------------------------|----------------|------------|---------------|------|------------|-------|
| L145 | HEAD OF FAMILY | | Le Blane Avis | | E.D. | SHEET |
| | | | | | 10 | 27 |
| COLOR | AGE | BIRTHPLACE | | | | |
| W | 29 | | | | | |
| COUNTY | Assumption | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | | W | 26 | | |
| 4 1 boarder | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|-----------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| 2145 | Le Blanc, Arrey | | 135 2 |
| COLOR | AGE | BIRTHPLACE | |
| W | 32 | | |
| COUNTY | Vermillion | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Arisea | W | 31 | |
| Rosetta | D | 9 | |
| Lou Claire | S | 6 | |
| Joseph | B | 19 | |
| Elizabeth | Sis L | 22 | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|------------|------------|-------------|
| L145 | NAME OF INDIVIDUAL
<i>Leblanc, Azelia</i> | | E.O.
73 | SHEET
13 |
| COLOR
<i>W</i> | AGE
80 | BIRTHPLACE | | |
| COUNTY
<i>Lafayette</i> | CITY | | | |
| ENUMERATED WITH
<i>Leblanc, Gustave</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>S.</i> </div> </div> | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

LOUISIANA

| | | | | | |
|--|------------------|--|--|---|-------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Azelie</i> | | E.O.
<i>135</i> | SHEET
<i>4</i> |
| COLOR
<i>W</i> | AGE
<i>10</i> | BIRTHPLACE | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | |
| ENUMERATED WITH
<i>Butland, Landrie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> Niece
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| LOUISIANA | | | | |
|-------------------------|------------------|--------------|----------------|------------|
| 245 | HEAD OF FAMILY | | E.D. | SHEET |
| | Le. Blanc, Azema | | 20 | 27 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 53 | | | |
| COUNTY | Lafayette | | CITY Lafayette | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Paul | | S | 18 | |
| Laura | | D | 15 | |
| Frank | | S | 13 | |
| Lillian | | D | 10 | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

B

| | | | | | |
|-------------------------|----|----------------|-----|------------|-----|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 62 | AGE | 60 | E.D. | 139 |
| | | BIRTHPLACE | | SHEET | 27 |
| COUNTY | | | | | |
| Vermillion | | ermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Olaf | | 54 | 35 | | |
| Luis | | 10 | 25 | | |
| Luis | | 60 | 4 | | |
| Luis | | 60 | 2 | | |
| Edna | | 60 | 13 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|----------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 49 | BIRTHPLACE | D. C. I. |
| COUNTY | Iberville | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anna | | w | 47 | | |
| B. J. P. | | d | 19 | | |
| Ella | | d | 9 | | |
| Bisson - Mrs. B. P. | | M | 72 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL <i>Le Blanc Babe</i> |
| E.O. 136 | SHEET 32 |
| COLOR <i>B</i> | AGE <i>42</i> |
| BIRTHPLACE | |
| COUNTY | CITY <i>Abbeville</i> |
| <i>Vermillion</i> | |
| ENUMERATED WITH | |
| <i>Rapland Henry</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P01

LOUISIANA

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 8.45
mu | 67 | LeBlanc, Baptist | 77 | 5 |
| COUNTY | | CITY | | |
| St. John the Baptist | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mame | W | 63 | | |
| Alfred | S | 30 | | |
| Evelle | D | 20 | | |
| Israel | G C | 9
12 | | |
| Dehexnaide, Celeste | D | 27 | | |
| Elor | G C | 8 | | |
| Alphonse | G C | 6 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Alvare | G C | 19 | |
| Leopold | G C | 15 | |
| Ros | G C | 12 | |
| Chelie | G C | 10 | |
| Francine | G C | 8 | |
| Rene | G C | 4 | |
| | | | |
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| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

113COMM-DC 18198-P61

| | | | | | |
|--|--|--|--------------------|--|-------|
| 8145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 18 | La Blane, Beatrice | 93 | 5 |
| COUNTY | | | CITY | | |
| St. Mary | | | Patterson | | |
| ENUMERATED WITH | | | | | |
| La Blane, Beatrice | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P-61

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 445 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 46 | | 47 | 11 |
| BIRTHPLACE | | Beauregard | | | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cecilia | | W | 51 | | |
| Thomas | | D | 21 | | |
| Emile | | S | 26 | | |
| Lea | | D | 23 | | |
| Maya | | S | 3 | | |
| Hector | | S | 2 | | |
| Wilson | | S | 2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| K145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 17 | Lillian Sauvageau | | 61 | 2 |
| COUNTY | | St. Bernard | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucy | | W | 42 | | |
| Tara | | D | 23 | | |
| Theresa | | D | 21 | | |
| Jane | | D | 19 | | |
| Minnie | | D | 16 | | |
| Maggie | | D | 15 | | |
| Frank | | S | 11 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED | | LOUISIANA | |
|----------------------------|--------------|-------------|------------|
| | | CARD 2 OF 2 | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Warren</i> | <i>S</i> | <i>10</i> | |
| <i>Imes</i> | <i>S</i> | <i>8</i> | |
| <i>Editta</i> | <i>D</i> | <i>✓</i> | |
| <i>Brausegaard Jr</i> | <i>S</i> | <i>3</i> | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | | | | | |
|--|-----|--------------------|--|-----------|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Bebe | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 3 | | | | |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Little, Baptiste | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Belisee | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 72 | | | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Adèle | | W | 24 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L 145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 36 | | | 1 |
| SHEET 18 | | | | |
| COUNTY | Acadia | | CITY | |
| Acadia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celine | W | 24 | | |
| Hulwa | S | 16 | | |
| Thyrtle | D | 4 | | |
| Ottave | S | 2 | | |
| Barthole | D | 1/2 | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 445 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 30 | St Mary | 98 | 3 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ellen | | W | 28 | | |
| Chose | | Q | 7 | | |
| Alpha | | 2 | 6 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------|---|------|---|--------|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Benita | | E.O. | | SHEET | |
| COLOR | B | AGE | 7 | BIRTHPLACE | 136 32 |
| COUNTY | Vermillion | | CITY | | |
| Abberville | | Ropland Henry | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S.S. | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

| | | | | | |
|---|--|---|--|--|--|
| A145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | P.O. SHEET | |
| W | | 16 | | 8 21 | |
| BIRTHPLACE | | COUNTY | | CITY | |
| | | Acadia | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Guy & Jean | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

| | | | | | |
|-------------------------|--|----------------|--------------------|------------|------|
| 145
2150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| u | | 37 | Lafayette Benjamin | | 133 |
| COUNTY | | | CITY | | |
| Washington | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Betty | | u | 33 | | |
| 2 4 30 | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|----|
| -45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | E.D. | 42 |
| | | BIRTHPLACE | | SHEET | 10 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Manna | | W | 25 | | |
| Stetha | | D | 3 | | |
| Bertia | | P | 10/12 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlond | | Bennie | | E.D. | SHEET |
| COLOR | W | AGE | 30 | 39 | 30 |
| BIRTHPLACE | | | | | |
| COUNTY | Calcasieu | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Ada | W | 30 | | |
| 2 | Franklin | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--|
| P. 45 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Benoit | | E.D. | | SHEET | |
| COLOR | W | AGE | 38 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ana | | W | 39 | | |
| Aglaire | | D | 13 | | |
| Edette | | D | 14 | | |
| Bromsant, Leonce | | BL | 20 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|---|-------|
| 8.45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 48 | | 140 | 8 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Maury, Arthur | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Labour | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC99M-DC 15189-P61

| | | | | | |
|--|--|---|------------|--|-------|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 15 | | 5 | 17 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| ENUMERATED WITH | | | | | |
| Sensat, the Lylimo | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
0 | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|--|--|---|--|---|---------|
| 6145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR W | | Le Blanc Bernard | | E.D. 136 | SHEET 4 |
| AGE 35 | | BIRTHPLACE | | | |
| COUNTY | | Vermillion | | CITY | |
| | | | | Abbeville | |
| ENUMERATED WITH | | Lanchauk Mrs Euphrase | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

| | | | | | |
|--|---|---|----|---|--|
| E145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LeBlanc Bernette | | E.D. | | SHEET | |
| COLOR | W | AGE | 20 | 51 10 | |
| BIRTHPLACE | | | | | |
| COUNTY | | Thomson | | CITY | |
| ENUMERATED WITH | | | | | |
| Landry Deseril | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Bernice</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>1 1/2</i> | BIRTHPLACE | | E.O.
<i>103</i> | SHEET
<i>19</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blanc, Guillaume</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 10100-P01

| | | | | | |
|--|------|---|----------------|--|--|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc Bertha | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 24 | Ascension | | | |
| COUNTY | CITY | | Donaldsonville | | |
| ENUMERATED WITH | | | | | |
| Merret Joe | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> WIFE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15C0144-00 1-1199-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 11 | | 62 | 25 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Charles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Page Thomas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | |
|---|---|--------------------|--------|-----------|-----|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 14 1/2 | E.D. | 134 |
| | | BIRTHPLACE | | SHEET 3 | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>D</u> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCORM-DC 1910-P61

| | | | | | |
|-------------------------|----|----------------|-----|------------|------------------|
| R-45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | lc | AGE | 28 | BIRTHPLACE | Leblanc Bingeman |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ledia | | w | 28 | | |
| Lulia | | D | 3 | | |
| Eugene | | S | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------------|---|--------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc Blanche | | E.D. | | SHEET | |
| COLOR | W | AGE | 17 | BIRTHPLACE | 136 27 |
| COUNTY | | | Vermillion | CITY | |
| | | | Abbeville | | |
| ENUMERATED WITH | | | | | |
| Morton Adam O | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Si | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | Blanche | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 33 | | | | |
| COUNTY | | Vermillion | | CITY | |
| | | | | Erath | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1st Boy | | S | 3 | | |
| 1st Girl | | S | 2 1/2 | | |
| Landing Engine | | S | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 41 | | 12 11 |
| COUNTY | | CITY | |
| Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Emilie | w | 28 | |
| Amédée | d | 13 | |
| Peter | s | 11 | |
| Paul | s | 6 | |
| Joseph | s | 4 | |
| John | s | 2 | |
| Adam | s | 2 1/2 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|---------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | La Blance, Benifare |
| COUNTY | Vermillion | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ella | | W | 26 | | |
| Ignace | | S | 5 | | |
| Alphonse | | S | 4 | | |
| Apolinaise | | S | 3/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| F145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | LeBlanc, Both MO |
| COUNTY | | Iberville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wozzy | | W | 23 | | |
| Ethel | | D | 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|----------------|------------|------|
| P. 45- | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 44 | Blanc / Bowman | | 94 |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Camelia | 1 | 46 | | |
| | Mary | 5 | 23 | | |
| | Joseph | 5 | 20 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|------|-----------|-------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leblanc | | Boyd | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 37 | 13 |
| W | 19 | | | | |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | | | |
| ENUMERATED WITH | | | | | |
| Mc Adams Mary | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Step Son | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | |
|-------------------------|--------|----------------|-----|------------|------------------|
| 5165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 57 | BIRTHPLACE | La Blane Diamond |
| COUNTY | Iberia | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Selma | | W | 54 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------|--|-----------|--|
| L145 | | HEAD OF FAMILY | | LeBlanc, Burton | | LOUISIANA | |
| COLOR | | AGE | | E.D. | | SHEET | |
| W | | 25 | | 57 | | 20 | |
| BIRTHPLACE | | | | | | | |
| COUNTY | | | | Harrison | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| and one clerk | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------------|------------|-------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | |
| | | | | E.D. | SHEET |
| | | | | 143 | 24 |
| COUNTY | | | Vermillion | CITY | |
| | | | Greysdan | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Evegelina | W | 35 | | |
| | Blanche | D | 20 | | |
| | Jane | D | 15 | | |
| | Alvin | S | 14 | | |
| | Helen | D | 9 | | |
| | Stella | D | 5 | | |
| | Murphy | S | 2 | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|---|--|----------|
| 645 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 | BIRTHPLACE | C.D. 133 |
| COUNTY | | Vermillion | | SHEET 12 | |
| ENUMERATED WITH | | CITY | | | |
| RELATIONSHIP TO ABOVE | | Nuney Joseph | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18196-P61

7/45

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. SHEET |
| a | 37 | Calas | 50 18 |
| COUNTY | | CITY | |
| Calcasieu | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Estell | a | 34 | |
| Frank | S | 15 | |
| Julia | N | 9 | |
| Virginia | N | 8 | |
| Edna | N | 6 | |
| Adam | S | 11 1/2 | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 32 | | | 1 | 9 |
| COUNTY | | Acadia | | CITY | |
| | | | | Rayne | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adelle | | W | 28 | | |
| Bernard | | S | 9 | | |
| Evelyn | | D | 7 | | |
| Odella | | D | 5 | | |
| Lela | | D | 4 | | |
| Walter | | S | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|-------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Camelia</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | | E.D.
<i>143</i> | SHEET
<i>5</i> |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Gueydan</i> | | | |
| ENUMERATED WITH
<i>Abraham, Leo</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>ad</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC0144-NC 18185-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | Camille |
| COUNTY | | Iberia | | CITY | New Iberia |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Carmen | | W | 42 | | |
| Carmen | | S | 26 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|-----|----------------|-----|-----------------|-------|-----------|--|
| 245 | | HEAD OF FAMILY | | Le Blanc Camile | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | |
| 24 | 39 | | | 12 | 19 | | |
| COUNTY | | Iberia | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Fannie | | w | 35 | | | | |
| Willie | | d | 16 | | | | |
| Lora | | d | 14 | | | | |
| Cedric | | s | 12 | | | | |
| Nickell | | s | 11 | | | | |
| Bertha | | d | 9 | | | | |
| Lurrie | | s | 5 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

FORM 10-634e (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15182-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 9145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 45 | BIRTHPLACE | Le Blanc Carrile |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cecile | | W | 27 | | |
| Early | | S | 8 | | |
| Lucian | | S | 7 | | |
| Hypolite | | S | 6 | | |
| Les | | S | 5 | | |
| Lee | | S | 3 | | |
| Lorina | | S | 1/2 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|----------------------------|--|-------------|
| HEAD OF FAMILY - CONTINUED | | LOUISIANA |
| OTHER MEMBERS OF | | CARD 2 OF 2 |

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636- 1420611

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15192-1 61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| | 34 | | | 45 | 20 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louella | | w | 29 | | |
| Rutha | | n | 14 | | |
| Luby | | d | 2 | | |
| Mary | | d | 12 | | |
| Marion | | d | 7 | | |
| Parker | | d | 3 | | |
| James | | d | 2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-------------------|
| L/45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | Le Blanc, Camille |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Adrienne | W | 47 | | |
| | Clara | D | 17 | | |
| | Lige | D | 16 | | |
| | Judith | D | 15 | | |
| | Boe | D | 12 | | |
| | Velcude | D | 10 | | |
| | Ignace | D | 8 | | |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

151044-DC 15108-P01

| | | | | | |
|-------------------------|----------|-------------------|-----------|------------|--------------------------|
| <i>L145</i> | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | <i>w</i> | AGE | <i>43</i> | BIRTHPLACE | <i>Le Blanc, Camille</i> |
| COUNTY | | <i>Assumption</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Living Alone</i> | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|---------------|-----------|-------------|
| L145 | HEAD OF FAMILY | Blanc Camille | | LOUISIANA |
| COLOR
W | AGE
65 | BIRTHPLACE | E.D.
9 | SHEET
42 |
| COUNTY
Assumption | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Ieresa | d | 27 | |
| | Leone | s | 25 | |
| | Sammi | s | 23 | |
| | Jules | s | 20 | |
| | | | | |
| | | | | |
| | | | | |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|-----------|----------------|-----|------------------|----|-----------|----|
| L145 | | HEAD OF FAMILY | | Leblanc, Camille | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | | E.D. | 47 |
| COUNTY | Lafourche | | | CITY | 11 | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Angela | | W | 59 | | | | |
| Claire | | D | 27 | | | | |
| Armando | | S | 28 | | | | |
| Alstave | | S | 19 | | | | |
| Paul | | S | 16 | | | | |
| | | | | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|-----|
| 7145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 44 | E.D. | 110 |
| | | BIRTHPLACE | | SHEET 11 | |
| COUNTY | | | Terrebonne | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pranks | | W | 37 | | |
| Adelise | | A | 20 | | |
| Philip | | S | 19 | | |
| Josephine | | A | 18 | | |
| Luka | | S | 16 | | |
| Philomire | | S | 13 | | |
| Lousie | | S | 11 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|-----------|------------|
| <i>Olinia</i> | <i>S</i> | <i>10</i> | |
| <i>Alice</i> | <i>D</i> | <i>7</i> | |
| <i>Claude</i> | <i>S</i> | <i>5</i> | |
| <i>Coale</i> | <i>D</i> | <i>1</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1810B-P61

| | | | |
|-------------------------|--|------------|------------|
| | | LOUISIANA | |
| | | E.D. | SHEET |
| | | 99 | 5 |
| 6145 | HEAD OF FAMILY <i>Leblanc, Camille</i> | | |
| COLOR | AGE | BIRTHPLACE | |
| <i>W</i> | 35 | | |
| COUNTY | CITY | | |
| <i>St. Mary</i> | <i>Berwick</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Leaving alone</i> | | | |
| | | | |
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U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| L 145 | HEAD OF FAMILY
<i>Leblanc Camille</i> | | E.D.
2 | SHEET
14 |
|-------------------------|--|------------|------------|-------------|
| COLOR
<i>W</i> | AGE
39 | BIRTHPLACE | | |
| COUNTY
<i>Acadia</i> | <i>Acadia</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Lucie Lucia</i> | <i>w</i> | 36 | | |
| <i>Lucille</i> | <i>d</i> | 17 | | |
| <i>Forest</i> | <i>s</i> | 15 | | |
| <i>Hughes</i> | <i>s</i> | 12 | | |
| <i>Winnifred</i> | <i>d</i> | 10 | | |
| <i>Selma</i> | <i>d</i> | 8 | | |
| <i>Walter</i> | <i>s</i> | 6 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|----------------|------|-----------|------|
| C145 | | HEAD OF FAMILY | | Le Blanc Carlo | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | | E.D. | 1368 |
| COUNTY | | | | Vermillion | CITY | | |
| | | | | Abbeville | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Cleotile | | W | 32 | | | | |
| Bernola | | D | 15 | | | | |
| Louisa | | S | 10 | | | | |
| Fyche | | D | 4 | | | | |
| Elise | | D | 3 | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--------------------|--|-----------|--|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Blanc Carmelia | | E.D. | | 3 | |
| COLOR | | AGE | | SHEET | |
| B | | 8 | | 9 | |
| BIRTHPLACE | | | | | |
| COUNTY | | Acension | | CITY | |
| ENUMERATED WITH | | | | | |
| Rodriguez Ayena | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-100 10100-P01

LOUISIANA

| | | | | | |
|--|------------------|---|--|-------------------|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>La Polara Casa</i> | | E.O.
<i>65</i> | SHEET
<i>14</i> |
| COLOR
<i>W</i> | AGE
<i>32</i> | BIRTHPLACE | | | |
| COUNTY
<i>Lafayette</i> | | CITY | | | |
| ENUMERATED WITH
<i>Frances Houston</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
 _____ </div> </div> | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|---|------------------|---|--|--|-------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Caroline</i> | | E.O.
<i>52</i> | SHEET
<i>4</i> |
| COLOR
<i>N</i> | AGE
<i>92</i> | BIRTHPLACE | | | |
| COUNTY
<i>Iberville</i> | | CITY | | | |
| ENUMERATED WITH
<i>Le Blanc, Alphores</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

LOUISIANA

| | | | | |
|-------------------------|-------------------------------------|--------------|-----------|-------------|
| L145 | HEAD OF FAMILY
30 Blanc Carville | | E.O.
9 | SHEET
18 |
| COLOR
W | AGE
50 | BIRTHPLACE | | |
| COUNTY
Assumption | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Melinda | | w | 47 | |
| Elsie | | d | 25 | |
| Julie | | d | 19 | |
| Joseph | | s | 16 | |
| Josephine | | d | 13 | |
| Annie | | d | 9 | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc | | Carville | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 30 | | | | |
| COUNTY | | Harris | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lea | | W | 24 | | |
| Julia | | D | 7 | | |
| Tracy | | D | 5 | | |
| Carville Jr | | S | 12 | | |
| Infancia, Mary | | Sis-ls | 18 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblond | | Catherine | | E.D. 39 | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 30 | | | | |
| COUNTY | | CITY | | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Coleman | | S | 16 | | |
| | | | | | |
| | | | | | |
| 1 Gordon | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | NAME OF INDIVIDUAL
<i>Le Blanc Catherine</i> | | E.D.
108 | SHEET
3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>12</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | CITY
<i>Melville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Stone Clark W</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

| LOUISIANA | | | |
|-------------------------|----------------------------------|------------|------------------|
| L145 | HEAD OF FAMILY
L. Blanc Cesar | | E.D. 10 SHEET 24 |
| COLOR
W | AGE
54 | BIRTHPLACE | |
| COUNTY
Ascension | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Josephine | W | 38 | |
| Ida | D | 13 | |
| Pierre | S | 11 | |
| Clina | D | 9 | |
| Cecilia | D | 7 | |
| Joseph | S | 5 | |
| Daria | S | 3 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

100

| | | |
|----------------------------|--|-------------|
| HEAD OF FAMILY - CONTINUED | | CARD 2 OF 2 |
|----------------------------|--|-------------|

CARD 2 OF 2

| | |
|-------------------------|--|
| OTHER MEMBERS OF FAMILY | |
|-------------------------|--|

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------|--------------|-----|------------|
|------|--------------|-----|------------|

RELATIONSHIP

AGE

BIRTHPLACE

| | | | |
|---|------|---|----|
| 1 | mary | m | 22 |
|---|------|---|----|

| |
|---|
| m |
| |

27

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1518-P01

| LOUISIANA | | | | |
|-------------------------|--------------------|----------------|------------|-------|
| HEAD OF FAMILY | | | E.O. | SHEET |
| L 145 | LeBlanc, Cecile M. | | 38 | 25 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 73 | | | |
| COUNTY | Lafourche | CITY Thibodaux | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Cecile M | D | 40 | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|------------|------------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Le Blanc Cecilia | | 102 | 20 |
| COLOR | W | AGE | 48 | BIRTHPLACE | |
| COUNTY | Terrebonne | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Le Lia | | D | 22 | | |
| / Agnes | | D | 18 | | |
| / Edmund | | S | 6 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----------------|---|--|--|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Cecilia</i> | | E.D.
<i>69</i> | SHEET
<i>12</i> |
| COLOR
<i>W</i> | AGE
<i>7</i> | BIRTHPLACE | | | |
| COUNTY
<i>Lafayette</i> | | CITY
<i>Lafayette</i> | | | |
| ENUMERATED WITH
<i>Stephens, Louis</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Bo</i> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16190-P67

| LOUISIANA | | | | |
|-------------------------|--------------|----------------|------------|----------|
| L 145 | | HEAD OF FAMILY | E.D. 5 | SHEET 16 |
| COLOR | W | AGE 38 | BIRTHPLACE | |
| COUNTY | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angela | 24 | 32 | | |
| Iris | 8 | 12 | | |
| Leanda | D | 8 | | |
| Alita | D | 5 | | |
| Inez | D | 3 | | |
| Mabel | D | 1 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L-45 | | NAME OF INDIVIDUAL | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Le Blanc, Celene | | 90 | 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Mary | | Franklin | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| John, Lathorne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

| | | | | LOUISIANA | |
|-----------------------------|--------|--------------|-------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| 67 16.5 Le Blanc, Celestine | | 14 | 10 | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 27 | | | | |
| COUNTY | Iberia | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosa | | D | 25 | | |
| Annette | | D | 26 | | |
| Usine | | S | 35 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------------|--------------|-----------|------------|
| HEAD OF FAMILY | | | E.O. | SHEET |
| L145 | Le Blanc, Celestin | | 58 | 1 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 45 | | | |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / Maline | | dx | 42 | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|--|---|--|-------------------|--------------------|
| P145 | | NAME OF INDIVIDUAL
<i>Le Blanch, Cileas</i> | | E.D.
<i>35</i> | SHEET
<i>14</i> |
| COLOR
<i>W</i> | AGE
<i>40</i> | BIRTHPLACE
<i>Julien Rouge</i> | | | |
| COUNTY | | CITY | | | |
| ENUMERATED WITH
<i>Granollere, Julia</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Sis</i> | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

JSC:MM-DC 16196-P61

| | | | LOUISIANA | |
|-------------------------|--------------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.O. | SHEET |
| L145 | LeBlanc, Celestine | | 152 | 6 |
| COLOR | AGE | BIRTHPLACE | | |
| Wm | 66 | | | |
| COUNTY | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | 2 | 20 | | |
| Constant | 1 | 19 | | |
| | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | NAME OF INDIVIDUAL
<i>Le Blanc Celise</i> | | E.D.
100 | SWEET
8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>mu</i> | AGE
<i>6</i> | BIRTHPLACE
<i>St. Landry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blanc Valmont</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

| LOUISIANA | | | |
|-------------------------|---------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| 6145 | | 130 | 2 |
| COLOR | AGE | BIRTHPLACE | |
| W | 36 | | |
| COUNTY | CITY | | |
| St. Martin | Breaux Bridge | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Rosa | W | 28 | |
| 1 Martha M | D | 9 1/2 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|--|---|-------------|
| L 145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Charles</i> | | E.O.
1 | SHEET
19 |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | | | |
| COUNTY
<i>Acadia</i> | CITY | | | | |
| ENUMERATED WITH
<i>Le Blanc, Ephraim</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P-61

| LOUISIANA | | | |
|--|---|---|--------------------------------|
| 445 | NAME OF INDIVIDUAL
<i>Le Blanc Charles</i> | | E.D. <i>66</i> SHEET <i>43</i> |
| COLOR
<i>W</i> | AGE
<i>35</i> | BIRTHPLACE | |
| COUNTY
<i>St. James</i> | | CITY | |
| ENUMERATED WITH
<i>Aunt James Mc</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16198-P61

P. 145
 \$5.00
 HEAD OF FAMILY
~~Lelia~~ Charles
 LOUISIANA
 E. D. 112
 SHEET 9
 COLOR W
 AGE 30
 BIRTHPLACE
 COUNTY Terrebonne
 CITY
 OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|--------------------------------|------------|
| Lelia | W | 23 | |
| Ubalie | d | 2 ⁶ / ₁₂ | |
| Jubel | d | 1 ³ / ₁₂ | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|----|----------------|-----|------------------|--|------|-------|
| 2145 | | HEAD OF FAMILY | | Le Blanc Charles | | E.D. | SHEET |
| COLOR | br | AGE | 30 | BIRTHPLACE | | 100 | 18 |
| COUNTY | | | | Terrybonna | | | |
| CITY | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Mrs | | w | 29 | | | | |
| Pearl | | d | 9 | | | | |
| Harriet | | d | 5 | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|------------------|------------------|-----------------|
| L. 45 | HEAD OF FAMILY | Le Blanc Charles | E.D. 20 SHEET 7 |
| COLOR W | AGE 37 | BIRTHPLACE | |
| COUNTY East Baton Rouge | CITY Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE BIRTHPLACE |
| Justin | | W | 33 |
| Theresa | | S | 9 |
| Reginald | | S | 6 |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|-------------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Le Blanc, Charles | | 65 | 13 |
| COLOR | AGE | BIRTHPLACE | | | |
| Mu | 37 | | | | |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 36 | | |
| Adam | | S | 18 | | |
| Azena | | D | 16 | | |
| Antoin | | S | 15 | | |
| ECHARISTE | | D | 12 | | |
| ERNESTE | | S | 8 | | |
| CLARINE | | D | 6 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| / MARIE | D | 3 | |
| (Mae) | S | 1 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

| | | LOUISIANA | |
|-------------------------|-----------------|------------|------------|
| L-45 | HEAD OF FAMILY | | E.D. SHEET |
| | LeBlanc Charles | | 132 48 |
| COLOR | AGE | BIRTHPLACE | |
| W | 27 | | |
| COUNTY | St. Martin | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Edita | W | 23 | |
| Alfred | S | 2 | |
| John | S | 1 1/2 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc | | Charles | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 10 | 17 |
| W | 35 | | | | |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | W | 35 | | |
| Dora | | D | 14 | | |
| Lesa | | D | 10 | | |
| Luan | | S | 14 | | |
| Ludger | | S | 6 | | |
| Thelma | | D | 4 | | |
| Beatrice | | D | 1 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME

RELATIONSHIP

AGE

BIRTHPLACE

Bill Lopley

72

70

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC 2241-DC 15100-001

HEAD OF FAMILY

LOUISIANA

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 24 | | | 30 |
| COUNTY | | CITY | | SHEET | |
| | | Catahoula | | 1 | |
| | | Kinder | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ella | | W | 26 | | |
| Lema, A. E., Mrs | | M-in L | NR | Ky | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|---|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | E.D. | 9 |
| | | BIRTHPLACE | | SHEET | 7 |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Carrie | | W | 22 | | |
| / Bruno | | S | 4 1/2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2, 45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| 16 | 55 | | | 50 | 1 |
| COUNTY | | CITY | | | |
| Plaquemines | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Angitia | | Dr | 57 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|--|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leblanc, Charles E | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 55 1 | |
| W | 35 | | | | |
| COUNTY | | CITY | | | |
| Iberville | | Red gummin | | | |
| ENUMERATED WITH | | | | | |
| Leblanc, Eli | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOIM-DC 1910-PS1

LOUISIANA

| | | | | |
|-------------------------|----------------------|--------------|------|------------|
| L145 | HEAD OF FAMILY | | E.D. | SHEET |
| | Le Blanc, Charles J. | | 38 | 5 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 36 | | | |
| COUNTY | | CITY | | |
| Lafourche | | Thibodaux | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Emilia M | | W | 28 | |
| William J | | S | 6 | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|------------------|--------------|------|------------|
| 1145 | HEAD OF FAMILY | | E.D. | SHEET |
| | L. Blanc Chas J. | | 6 | 17 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 41 | | | |
| COUNTY | | CITY | | |
| Ascension | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Emily R | | w- | 39 | |
| Haldon | | s | 18 | |
| Una | | d | 14 | |
| Elma | | s | 5 | |
| Robertson R M. | | f l | 67 | |
| - Philman | | m l | 62 | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------------|----------------|------------|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Charley | | E.D. 24 | | SHEET 3 | |
| COLOR | W 40 | AGE | BIRTHPLACE | | |
| COUNTY | East Baton Rouge | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Benny | W | 40 | | |
| | Berley | S | 6 | | |
| | Beint | S | 4 | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----------|-------------|--|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Charley | | E.D. 4 | | SHEET 17 | |
| COLOR | mu | AGE | 29 | BIRTHPLACE | |
| COUNTY | | | Ascension | CITY | |
| | | | | Donaldville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Le Blanc Mathilde | | W | 27 | | |
| Beatrice | | D | 7 | | |
| Williamina | | D | 6 | | |
| Vidalis | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|------------------|--------------|----------|
| L145 | HEAD OF FAMILY | | E.O. 3 |
| | Le Blanc Charlie | | SHEET 30 |
| COLOR | AGE | BIRTHPLACE | |
| B | 31 | | |
| COUNTY | Acadia | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| 1 Odellia | | w | 23 |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------------------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>William Charlie</i> | | E.O.
<i>81</i> | SHEET
<i>18</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>51</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Mary</i> | | | CITY
<i>Indian</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>W. J. Jones</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10122-P-61

| | |
|--|---|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL
<i>Leblanc Charles</i> |
| E.O.
62 | SHEET
25 |
| COLOR
B | AGE
17 |
| BIRTHPLACE | |
| COUNTY | St. Charles CITY |
| ENUMERATED WITH
<i>Page Thomas</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Sf</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

LOUISIANA

| | |
|--------------------------|-----------------------------|
| LOUISIANA | |
| HEAD OF FAMILY | E.D. SHEET |
| 6142
LeBlanc, Charlie | 2 9 |
| COLOR | AGE BIRTHPLACE |
| W 45 | |
| COUNTY | CITY |
| Ascension | |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP AGE BIRTHPLACE |
| Leonor | W 34 |
| Matthe | L 15 |
| Edna | L 12 |
| Matilda | L 10 |
| Josephine | L 7 |
| Richard Josephine | M L 65 |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|------------------------|-----------------|--------------------|
| L14 | HEAD OF FAMILY
<i>La Blanc, Charlotte</i> | | ED
<i>16</i> | SHEET
<i>32</i> |
| COLOR
<i>B</i> | AGE
<i>58</i> | BIRTHPLACE | | |
| COUNTY | | CITY
<i>Crowley</i> | | |
| <i>Archie</i>
OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE |
| <i>Barker, Frank</i> | | <i>S</i> | <i>20</i> | |
| <i>William</i> | | <i>S</i> | <i>15</i> | |
| <i>1 Anna</i> | | <i>EL</i> | <i>20</i> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|--------------------|--------------|------|------------|
| L 145 | HEAD OF FAMILY | | E.O. | SHEET |
| | Le Blanc-Christoph | | 3 | 18 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 64 | | | |
| COUNTY | | Ascension | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Amenda | | W | 55 | |
| Jassin | | S | 23 | |
| Louise | | D | 21 | |
| Lauriant | | S | 18 | |
| Zionnie | | S | 12 | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|------------------------|-------------------------------|---|----------|--------------------------------|--|--|
| 1145 | NAME OF INDIVIDUAL
<i>Lafiane, Christopher</i> | | ED
121 | SHEET
44 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
15 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Bachelor, Darcina</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><i>OTHER (Specify)</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>5</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <i>OTHER (Specify)</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>5</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <i>OTHER (Specify)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>5</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVID

USCOM-OC 16100-P61

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | |
| L145 | | 52 | 24 | |
| COLOR | AGE | BIRTHPLACE | | |
| | 49 | | | |
| COUNTY | | CITY | | |
| Iberville | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adèle B. | W | 47 | | |
| Emile | S | 19 | | |
| Edmond | S | 13 | | |
| Horastine | D | 14 | | |
| Murphy | S | 12 | | |
| Helan | D | 7 | | |
| Adette | D | 6 | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY (CONTINUED)

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-----|------------|
| James | S | 4 | |
| Helman | S | 1 | |
| Unborn | S | 4 | |
| | | | |
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FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE 1910-0-061

LOUISIANA

| | | | | |
|-------------------------|---|--------------|------------------|--------------------|
| <i>L145</i> | HEAD OF FAMILY
<i>Leblanc, Clabute</i> | | E.O.
<i>9</i> | SHEET
<i>18</i> |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | | |
| COUNTY
<i>Acadia</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Ematle</i> | | <i>W</i> | <i>23</i> | |
| <i>Wilson</i> | | <i>S</i> | <i>2</i> | |
| <i>Nota</i> | | <i>D</i> | <i>1/2</i> | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|----------|------------------|-----------|------------|
| HEAD OF FAMILY | | E.D. | SHEET | |
| 5145 | | 95 | 17 | |
| COLOR | AGE | BIRTHPLACE | | |
| ll | 28 | | | |
| COUNTY | St. Mary | CITY Morgan City | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| May | | w | 29 | |
| Blanche | | d | 9 | |
| Edward | | s | 4 | |
| Leonia | | d | 3 | |
| | | | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| #145 | NAME OF INDIVIDUAL
<i>Leblanc Clairville</i> | | E.D.
53 | SHEET
11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>mn</i> | AGE
27 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Iberville</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Callina Mary Ann</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Bo</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Bo</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Bo</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910B-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Clarence</i> | | ED
<i>70</i> | SHEET
<i>34</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>w</i> | AGE
<i>12</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafayette</i> | | CITY
<i>Lafayette</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Leck, Alfred</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>L. Blanc Cland</i> | | E.D.
<i>51</i> | SHEET
<i>38</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>5</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Iberville</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Brooks Alex</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18166-P61

LOUISIANA

| | | | | | |
|-------------------------|------------------|--------------|-------------|------------|--|
| HEAD OF FAMILY | | E.D. | | SHEET | |
| L. E. Lane, Claude Jr. | | 17 | | 5 | |
| COLOR | AGE | BIRTHPLACE | | | |
| Black | 25 | | | | |
| COUNTY | East Baton Rouge | CITY | Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Viola M | W | 24 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| 2145 | HEAD OF FAMILY | | E.D. | SHEET |
| | L. B. Blanc | | 102 | 13 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 47 | | | |
| COUNTY | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Elen | | W | 37 | |
| Freddie | | S | 17 | |
| Norris | | S | 13 | |
| Louis | | S | 10 | |
| Elwood | | S | 5 | |
| Lura | | D | 3 | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|--------|------------|--|
| A-145- | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, May | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| h | 38 | | | | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | | 35 | | |
| Beraci | | | 15 | | |
| Clarence | | | 13 | | |
| Wini | | | 12 | | |
| Therese | | | 6 | | |
| Helen | | | 4 | | |
| Indit Louisa | | | 11 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|----------------|--------------|-----------|------------|
| L145 | HEAD OF FAMILY | | E.D. | SHEET |
| | L Blane Clay L | | 102 | 20 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 27 | | | |
| COUNTY | | Terrebonne | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Living alone | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| 2145 | NAME OF INDIVIDUAL
<i>Le Blanc Clebert</i> | | E.D.
<i>132</i> | SHEET
<i>44</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Martin</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blanc Lucius</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> <i>FATHER</i> (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> <i>FATHER</i> (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> <i>FATHER</i> (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-NC 10100-P01

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L146- | HEAD OF FAMILY | E.D. SHEET | |
| COLOR | AGE | 66 | 14 |
| B | 45 | BIRTHPLACE | |
| COUNTY | | CITY | |
| Lafayette | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Mary | W | 43 | |
| Mayfield Farrier | Worker | 17 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 1745 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | Clerk | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 28 | 23 |
| W | 34 | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | W | 33 | | |
| Dorothy | | S | 5 | | |
| Ely | | S | 4 | | |
| Helen | | S | 2 | | |
| Nedra | | S | 9 | | |
| Dorame | | D | 12 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-----------------|------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Blanc Albert | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 22 | | | | |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Famprde | | W | 18 | | |
| Ezebe | | 5 | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| L-15 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Cleant | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 27 | | | | |
| COUNTY | | CITY | | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Agathe | | W | 22 | | |
| Cimier | | S | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LeBlanc, Clemente | | E.D. | | SHEET | |
| COLOR | W | AGE | 35 | BIRTHPLACE | |
| COUNTY | | Ascension | | CITY | |
| Donaldsonville | | ENUMERATED WITH | | | |
| Daigle, Eliza | | RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input checked="" type="checkbox"/> DAUGHTER
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18105-P61

| | | | | | |
|--|-----|---|--|---|--|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Cleonile J. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 38 | | | | |
| COUNTY | | CITY | | | |
| Acadia | | Mermentau | | | |
| ENUMERATED WITH | | | | | |
| Bourgeois Ernest R. Sr. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVI

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| 445 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc, Cleophas | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Rosalie | W | 35 | | | |
| Evila | D | 18 | | | |
| Ella | D | 16 | | | |
| Victorie | D | 13 | | | |
| Nora | D | 11 | | | |
| Cleophas | S | 9 | | | |
| Benjamin | S | 7 | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| 145
COLOR <i>W</i> | | HEAD OF FAMILY
<i>Joe Blane, Clephes</i> | | LOUISIANA
E.O. <i>15</i> | | SHEET <i>7</i> | |
|-------------------------|--|---|--------------|-----------------------------|--|----------------|--|
| AGE <i>27</i> | | BIRTHPLACE | | | | | |
| COUNTY <i>Iberia</i> | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| <i>Elmira</i> | | <i>W</i> | <i>21</i> | | | | |
| <i>Norma</i> | | <i>D</i> | <i>3</i> | | | | |
| <i>Edna</i> | | <i>D</i> | <i>2</i> | | | | |
| <i>Aras</i> | | <i>S</i> | <i>9 1/2</i> | | | | |
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FORM 18-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| Silv | | 31 | | 74 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 6 | |
| COUNTY | | | CITY | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Helen | | W | 29 | | |
| Shirley | | S | 4 | | |
| Leta | | S | 3 | | |
| Luc | | S | 2 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Clott</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>87</i> | BIRTHPLACE | | E.D.
<i>135</i> | SHEET
<i>5</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Butand, Alcibiade</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input checked="" type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P81

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-------------------|------------|
| E.D. | | SHEET | |
| L145 | | 90 30 | |
| COLOR | AGE | BIRTHPLACE | |
| W | 35 | Le Blanc, Clabert | |
| COUNTY | CITY | | |
| St. Mary | Franklin | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Louise | W | 35 | |
| Pauline | D | 11 | |
| Oliver | S | 8 | |
| Rodney | S | 6 | |
| Charles | S | 4 | |
| Harold | S | 2 | |
| Emma L | D | 1/2 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED 15100-1-91

| | | | | | |
|--|---|--|------|--|-----|
| 7145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | |
| | | | | E.D. | 139 |
| | | | | SHEET | 27 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Leblance B. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16103-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 54 | | 95 | 2 |
| COUNTY | | | CITY | | |
| St Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angela | | W | 44 | | |
| Wack | | S | 18 | | |
| Clarence | | S | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 62 | BIRTHPLACE | Le Blaine Clovile | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | C.D. | 736 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SHEET | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | Vermillion | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Abbeville | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Broussard Elias | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|-----|---|--|--|--|
| 845 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leplanc, Clovis | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 32 | 21 | | | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| ENUMERATED WITH | | | | | |
| Broussard, Orey | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18185-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 6145- | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Chris | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 131 34 | |
| W | 25 | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ida | | W | 18 | | |
| Nada | | S | 3/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Form 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | St. Blaise, Clifford |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillian | | W | 26 | | |
| Hazel | | D | 8 | | |
| Eunice | | D | 4 | | |
| Pearl | | D | 7/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 445 | NAME OF INDIVIDUAL
<i>Le Blanc, Clyde</i> | | E.O.
<i>110</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>6</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blanc, Herbert</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18199-P61

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|-------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Pierre Pennard</i> | | R.D.
<i>100</i> | SHEET
<i>4</i> |
| COLOR
<i>br</i> | AGE
<i>18</i> | BIRTHPLACE | | | |
| COUNTY
<i>Irebonne</i> | | CITY | | | |
| ENUMERATED WITH
<i>Camille Alfred Sr</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P61

| | |
|---|---|
| LOUISIANA | |
| L 145 | NAME OF INDIVIDUAL <i>Le Blanc Corine</i> |
| E.D. 9 | SHEET 34 |
| COLOR <i>W</i> | AGE 3 |
| BIRTHPLACE | |
| COUNTY | CITY |
| ENUMERATED WITH <i>Bernischaux Rosalie</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15199-P61

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|--|-------------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | Le Hanch, Leonard | | E.D. | SHEET |
| 163 | | 6 | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| St. Landry | | CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Mary | | | | 2 | | | |
| 2. Leonard | | | | 5 | | | |
| 3. William | | | | 7 | | | |
| 4. Leonard | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | Cadeau | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 51 | | | | |
| COUNTY | St. James | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maxine | | | 14 | | |
| Maxine Estela | | | 13 | | |
| Maxine Irving | | S | 11 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|-------------------|--|-----------|--|
| L145 | | HEAD OF FAMILY | | Le Blanc, Cuprien | | LOUISIANA | |
| E. D. | | 38 | | SHEET | | 7. | |
| COLOR | W | AGE | 67 | BIRTHPLACE | | | |
| COUNTY | | Calcasieu | | CITY | | | |
| | | | | Lake Charles City | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Josephine | | W | 67 | | | | |
| Jane | | D | 17 | | | | |
| Ambroise | | D | 12 | | | | |
| Beta | | D | 10 | | | | |
| Julia | | D | 5 | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|--|----------------|--------------|------------|
| L145 | | | |
| HEAD OF FAMILY <i>Lafayette Curtis</i> | | | |
| E.D. <i>65</i> | SHEET <i>1</i> | | |
| COLOR <i>W</i> | AGE <i>42</i> | | |
| BIRTHPLACE | | | |
| COUNTY <i>Livian</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Elmira</i> | <i>W</i> | <i>29</i> | |
| <i>Alma A.</i> | <i>S</i> | <i>12</i> | |
| <i>Elinor</i> | <i>D</i> | <i>8</i> | |
| <i>Leona</i> | <i>D</i> | <i>6</i> | |
| <i>Francis</i> | <i>D</i> | <i>3</i> | |
| <i>Not Reported</i> | <i>D</i> | <i>0 1/2</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|--|---|---|----------|
| 2145 | NAME OF INDIVIDUAL <i>Le Blanc Cyrille</i> | | E.D. 142 |
| COLOR | AGE 20 | SHEET 15 | |
| 4 | BIRTHPLACE | | |
| COUNTY | Vermillion | CITY | |
| ENUMERATED WITH <i>Le Blanc John</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16195-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc D. J. | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 51 | | | | |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| D. J. Mrs. | | w | 40 | | |
| Fanny | | d | 21 | | |
| Duncan | | s | 19 | | |
| Andrew | | s | 18 | | |
| Wish | | s | 17 | | |
| Leonel | | s | 15 | | |
| George | | s | 13 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 15190-F 61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Leblanc, D. J.</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE | | E.D.
<i>132</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Washington</i> | | <i>Bogalusa</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Grice, Walter</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18129-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 62 | | | 23 | 7 |
| COUNTY | | CITY | | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Felix | U | 62 | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 49 | | 8 | 16 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celestine | | W | 41 | | |
| Jameson | | S | 21 | | |
| Donna | | S | 18 | | |
| Lusan | | S | 13 | | |
| Clasere | | S | 10 | | |
| Marceline | | S | 6 | | |
| Culra | | S | 3 | | |

FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------|----------------|------------|
| 2145 Le Blanc | | HEAD OF FAMILY | |
| COLOR | AGE | BIRTHPLACE | |
| W | 70 | | |
| COUNTY | | CITY | |
| Vermillion | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Marionne Thibodeaux | Daughter | 6 | |
| 7 1/2 | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|----------------------------|-------------------------------|------------|----------------------------|
| L-145 | HEAD OF FAMILY
<i>John</i> | | E.D. SHEET
<i>40 18</i> |
| COLOR
<i>B</i> | AGE
<i>76</i> | BIRTHPLACE | |
| COUNTY
<i>Jefferson</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Harriet</i> | <i>W</i> | <i>64</i> | |
| <i>Rosa</i> | <i>G-D</i> | <i>26</i> | |
| <i>Suzanne</i> | <i>G-D</i> | <i>14</i> | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------------|--------------------------------|--|--|
| L145 | NAME OF INDIVIDUAL
<i>Le Blanc Sarah</i> | | E.D. 8 SHEET 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>w</i> | AGE
<i>18</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Irakon Adam</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i> hired man</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i> hired man</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i> hired man</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15105-P61

| | | | LOUISIANA | |
|-------------------------|----------------|-------------------|------------|---------|
| L145 | HEAD OF FAMILY | LeBlanc, Hermasse | | E.D. 74 |
| COLOR | AGE | BIRTHPLACE | | |
| 3hu | 58 | | | |
| COUNTY | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Opelia | W | 66 | | |
| Ernestine | D | 16 | | |
| Thelma | D | 13 | | |
| Skellie | D | 10 | | |
| Lorena | D | 12 | | |
| | | | | |
| | | | | |

LOUISIANA

| | | | | | |
|--|------------------|--|--|--|--------------------|
| H45 | | NAME OF INDIVIDUAL
<i>Le Blanch Parvise</i> | | E.D.
<i>18</i> | SHEET
<i>14</i> |
| COLOR
<i>W</i> | AGE
<i>22</i> | BIRTHPLACE | | | |
| COUNTY
<i>Iberia</i> | | CITY
<i>New Iberia</i> | | | |
| ENUMERATED WITH
<i>Doroxen Theodore A.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18198-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 25 | La. France | 87 | 8 |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | W | 21 | La. France | |
| Lidia | | M | 4 | | |
| Morris | | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|----------------------------|---|-------------------------------|----------------|
| L145 | HEAD OF FAMILY
<i>Le Blanc Mrs Davis</i> | | E.D. 5 SHEET 8 |
| COLOR
<i>B</i> | AGE
<i>60</i> | BIRTHPLACE | |
| COUNTY
<i>Ascension</i> | | CITY
<i>Donaldsonville</i> | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>Daughter Louise</i> | | <i>D</i> | <i>39</i> |
| <i>Daughter Rena</i> | | <i>GS</i> | <i>7</i> |
| <i>Daughter Oscar</i> | | <i>SS</i> | <i>6</i> |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc | | Davis | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 3 | 22 |
| W | 36 | | | | |
| COUNTY | Assumption | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Louisi | | W | 40 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|---|--|--|--|
| 5145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LeBlanc, Wray | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 3 | | | | |
| COUNTY | | CITY | | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | LeBlanc, Beaugard | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 245 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc, Nean | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 53 | | | | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edmond | | S | 18 | | |
| Fred | | S | 14 | | |
| Benjamin | | S | 9 | | |
| | | | | | |
| | | | | | |
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FORM 18-634 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 2145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | SHEET |
| W | 54 | | | 1 |
| COUNTY | | CITY | | |
| Assumption | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Achille | S | 24 | | |
| Melanie | d | 20 | | |
| Eliza | d | 17 | | |
| Aurelion | S | 13 | | |
| | | | | |
| | | | | |
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Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|--|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc Theophile | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 15 | | | | |
| COUNTY | | CITY | | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc Theophile | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>E 145</i> | NAME OF INDIVIDUAL
<i>Le Blanc Delia</i> | | E.O.
<i>4</i> | SHEET
<i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>28</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Ascension</i> | CITY
<i>Ronaldenville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blanc A. J.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15185-P61

| LOUISIANA | | | |
|----------------------------|---|------------|------------------|
| 8145 | HEAD OF FAMILY
<i>L. Blance, Helma</i> | | E.D. 49 SHEET 21 |
| COLOR
<i>W</i> | AGE
<i>28</i> | BIRTHPLACE | |
| COUNTY
<i>Calcasieu</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>/ Cora</i> | <i>W</i> | <i>19</i> | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--|----------------|-----------|------------|
| 2145 | | HEAD OF FAMILY | | E.D. 57 |
| 6 | | AGE 74 | | SHEET 1 |
| COLOR | | BIRTHPLACE | | |
| COUNTY | | Terryville | | |
| | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Edward | | S | 52 | |
| 1 James E | | GS | 6 | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| X 145 | NAME OF INDIVIDUAL
<i>Le Blanc, Delphine</i> | | E.D.
<i>134</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>30</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blanc, Ludovique Mar</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>D</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC014M-DC 16106-P61

| | | LOUISIANA | |
|-----------------------------|------------------|----------------------------|------------------|
| 8 145 | HEAD OF FAMILY | <i>Le Blanc, Semathine</i> | E.D. 134 SHEET 1 |
| COLOR
<i>W</i> | AGE
<i>50</i> | BIRTHPLACE | |
| COUNTY
<i>Vermillion</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Cladene</i> | <i>W</i> | <i>40</i> | |
| <i>Birth</i> | <i>D</i> | <i>24</i> | |
| <i>Agard</i> | <i>S</i> | <i>19</i> | |
| <i>Paula</i> | <i>D</i> | <i>17</i> | |
| <i>Euphonia</i> | <i>D</i> | <i>14</i> | |
| <i>Ella</i> | <i>D</i> | <i>12</i> | |
| <i>Luisant</i> | <i>S</i> | <i>10</i> | |

FORM 10-434 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------------------|-------------------|----------|------------|
| <i>Celine</i> | <i>D</i> | <i>6</i> | |
| <i>Leotard</i> | <i>S</i> | <i>3</i> | |
| <i>Remasthene Jr</i> | <i>S</i> | <i>1</i> | |
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FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOML-DC 15106-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 64 | BIRTHPLACE | Le Blanc, Demaphon |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edie | | S | 32 | | |
| Lena | | D | 25 | | |
| Alice | | D | 19 | | |
| and one Boarder | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|-----|------------|-------------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 1/2 | BIRTHPLACE | Le 13 Canal New Orleans |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | John | W | 37 | | |
| | Luke | S | 22 | | |
| | Walter | S | 19 | | |
| | Alfred | S | 18 | | |
| | Claude | S | 16 | | |
| | Clément | S | 15 | | |
| | Juliana | S | 13 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------------|-------------------|-----------|------------|
| <i>Annis</i> | <i>S</i> | <i>10</i> | |
| <i>Gertrude</i> | <i>D</i> | <i>8</i> | |
| <i>Corralda</i> | <i>V</i> | <i>4</i> | |
| <i>Marion</i> | <i>S</i> | <i>1</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15100-101

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 8145 | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | Le Blanc, Denise | | 134 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leguast, Ludwigne Mrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: right;"> <u>S</u> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.O. | SHEET |
| 7745 | | | 139 | 26 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 53 | | | |
| COUNTY | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Annie | W | 36 | | |
| 2. Lena | D | 2 | | |
| Lucet, Timna | SD | 9 | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | Le Blanc, Creole |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | W | 40 | | |
| Octave | | S | 20 | | |
| Emar | | S | 19 | | |
| Clement | | S | 17 | | |
| Justine | | S | 16 | | |
| Victoire | | D | 11 | | |
| Jules | | S | 9 | | |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | | | | CARD 7 OF 2 |
|-------------------------|------------------|-----|------------|--|--|-------------|
| NAME | RELATION
SHIP | AGE | BIRTHPLACE | | | |
| <i>/ Anthony</i> | S | 6 | | | | |
| <i>Sidney</i> | S | 2 | | | | |
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FORM 10-636e (4-20-81)
1910 CENSUS INDEX

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCOMMOD 15192-101

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 19 | | | 7 | 1 |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. J. J. J. | | 5 | 74 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------------|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | Le. Blaise, Mrs. Blaise |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jerome | | S | 27 | | |
| Jeddy | | S | 13 | | |
| Bessie | | S-S | 28 | | |
| Adelle | | D | 22 | | |
| Eucassie | | G-D | 6 | | |
| Andre | | G-S | 3/2 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 1145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|------------|----------------|------|------------|---------------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Le Blanc, Louisiana |
| COUNTY | Assumption | | | E.D. | 10 |
| | | | | SHEET | 11 |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Lucina | W | 29 | | |
| | Ducoli | S | 9 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L 145 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-----------------------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | St. Charles, Missouri |
| COUNTY | | | E.D. | 10 | SHEET 34 |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Eliza | W | 29 | | | |
| Alvin | S | 7 | | | |
| Paul | S | 5 | | | |
| Carroll | S | 7 1/2 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (6-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 56 | BIRTHPLACE | La Blance, Demark |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Aline | | D | 17 | | |
| Eddie | | S | 15 | | |
| Fabrice | | S | 12 | | |
| Gabriel | | S | 10 | | |
| Edmee | | C | 30 | | |
| Israhon Gilbert | | C | 10 | | |
| 5145 70 | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|---------------|------------|-------|
| 445 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 37 | | 51 | 16 |
| COUNTY | | Berville CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anna | W | 30 | | |
| Cooper | S | 7 | | |
| Emma | D | 6 | | |
| Joseph | S | 4 | | |
| Hettie | D | 2 | | |
| Indence | S | 7/12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-----------------------------|---|--------------|------------------|--------------------|
| 6145 | HEAD OF FAMILY
<i>Le Blanc Desirie</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>52</i> | BIRTHPLACE | E.D.
<i>3</i> | SHEET
<i>21</i> |
| COUNTY
<i>Ascension</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Jasnetta</i> | | <i>W</i> | <i>49</i> | |
| <i>Rodrigue Victorine</i> | | <i>d</i> | <i>24</i> | |
| <i>Le Blanc Desirie Jr.</i> | | <i>s</i> | <i>14</i> | |
| <i>Marie</i> | | <i>d</i> | <i>13</i> | |
| <i>Theodule</i> | | <i>s</i> | <i>10</i> | |
| | | | | |
| | | | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|-----------------------------------|------------------------------|-----------|-------------------|
| 1145 | HEAD OF FAMILY
<i>Le Blanc</i> | | LOUISIANA | |
| COLOR
<i>w</i> | AGE
<i>33</i> | BIRTHPLACE
<i>Sesoria</i> | | E.D.
<i>24</i> |
| COUNTY
<i>Iberia</i> | | CITY
<i>Jeanerette</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Lina</i> | | <i>w</i> | <i>33</i> | |
| <i>Mrs</i> | | <i>D</i> | <i>12</i> | |
| <i>Hazel</i> | | <i>D</i> | <i>8</i> | |
| <i>Henry</i> | | <i>S</i> | <i>7</i> | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-------------------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | La. Blanc Neusard |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Louisa | W | 34 | | | |
| Isabelle | S | 15 | | | |
| Charlotte | S | 13 | | | |
| Ludley | S | 11 | | | |
| Perry | S | 8 | | | |
| Sydney | S | 2 | | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----------------|---|--|------------------|--------------------|
| L 145 | | NAME OF INDIVIDUAL
<i>Leblanc, Henry</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>5</i> | BIRTHPLACE | | E.D.
<i>3</i> | SHEET
<i>27</i> |
| COUNTY
<i>Acadia</i> | | CITY | | | |
| ENUMERATED WITH
<i>Alleman Romain</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
 <i>ad-5</i> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOIAM-DC 18106-P61

| | | | | | |
|--|-----------------|---|--|---|-------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Dilar</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>5</i> | BIRTHPLACE | | E.D.
<i>134</i> | SHEET
<i>3</i> |
| COUNTY
<i>Vermillion</i> | | CITY | | | |
| ENUMERATED WITH
<i>Leger, Ludwique</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>Man</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| L145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 41 | Acadia | 3 | 5 |
| COUNTY | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Liguda | W | 30 | | |
| William | S | 6 | | |
| Valarick | S | 3 | | |
| Elena | D | 1/2 | | |
| Alfred | S | 16 | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | La Blane Donat |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edna | | W | 24 | | |
| Angel | | D | 6 | | |
| Olita | | D | 3 | | |
| Alton | | S | 1 | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

5145- HEAD OF FAMILY *Le Blanc, Dorino* LOUISIANA
 COLOR *M* AGE *27* BIRTHPLACE *131* SHEET *24*
 COUNTY *St. Martin* CITY _____

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-------------|------------|
| <i>Clemance</i> | <i>M</i> | <i>23</i> | |
| <i>Odor</i> | <i>S</i> | <i>6</i> | |
| <i>Adillon</i> | <i>S</i> | <i>5</i> | |
| <i>Adelbert</i> | <i>S</i> | <i>4</i> | |
| <i>Ernest</i> | <i>S</i> | <i>3</i> | |
| <i>Ambrose</i> | <i>S</i> | <i>5/12</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------------|------------|------|
| 0145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| il | 12 | re-planc, Houste | | 21 |
| COUNTY | | SHEET | | |
| Iberia | | 10 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| + 1 Ser | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-----------------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 53 | Le Blanc, Mrs. Orsine | | 113 | 15 |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise, Marie | | Ad-S | 21 | | |
| | | | | | |
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Form 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 37 | | | 14 | 8 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Carla | | W | 34 | | |
| Lara | | D | 15 | | |
| Zoe | | | 6 | | |
| Kane | | D | 5 | | |
| Evelyn | | D | 3 | | |
| Colin | | D | 3/12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------|
| 1175 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | Le Blanc | AGE | 66 | BIRTHPLACE | 7336 |
| COUNTY | | Vermillion | | CITY | |
| | | Eggle | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1. [illegible] | W | 66 | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 64 | BIRTHPLACE | Le Blanc Duplice |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Macite | | u | 67 | | |
| | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-------------------|
| 1-145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | Le Blanc, Dupless |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| E. Low | W | 42 | | | |
| Bernard | S | 18 | | | |
| Baptiste | S | 12 | | | |
| Bernadette | D | 11 | | | |
| Bertille | D | 10 | | | |
| William | S | 8 | | | |
| Philemon | D | 3 | | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATION-
SHIP

AGE

BIRTHPLACE

Andra

Si

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FORM 10-636 • 14-20 611

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SC 24400 15100-001

| | | | | | |
|--|---|---|------|--|------------------|
| 6175 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 | BIRTHPLACE | ED. 133 SHEET 31 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc Theophile | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB-DC 18189-P61

| | | | |
|-------------------------|--------------|--------------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 46 | Leblanc, Dupreelon | 21 10 |
| COUNTY | | CITY | |
| Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Cecile | W | 43 | |
| Trahan, Elizabeth | D | 22 | |
| Leblanc, Eugene | D | 19 | |
| Adice | D | 14 | |
| Cesire | D | 12 | |
| Trahan, Cecile | D | 10 | |
| John | GS | 2 | |

FORM 10-636 (4-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 25 | | | 138 | 14 |
| COUNTY | | CITY | | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adeine | | W | 22 | | |
| Lucy | | D | 4 | | |
| Verna | | D | 2 | | |
| Verna | | D | 12 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Leblanc Duprey</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>78</i> | BIRTHPLACE | | E.D.
<i>139</i> | SHEET
<i>21</i> |
| COUNTY
<i>Vermillion</i> | | CITY | | | |
| ENUMERATED WITH
<i>Broussard Demas</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input checked="" type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC91M-DC 1819B-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Assumption |
| | | | | E.D. | 8 |
| | | | | SHEET | 5 |
| COUNTY | | | | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Selia | | W | 20 | | |
| Daigfe, Rudolph | | B L | 18 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 27 | | | 47 | 19 |
| COUNTY | | St. Mary | | CITY | |
| | | | | Thorgan | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|---------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Le Blanc, Earnest J |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lillian | | W | 25 | | |
| Isaiah Lawrence | | M | 14 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|----|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| La Blane Eddie | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 10 | 12 |
| NR | NR | | | | |
| COUNTY | | CITY | | | |
| | | Asconsil | | | |
| ENUMERATED WITH | | | | | |
| Anderson Walter | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> WIFE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | | | |
|-------------------------|---|----------------|-----|-----------------|--|-----------|-----|
| 5 45 | | HEAD OF FAMILY | | Le Blanc, Edgar | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | | E.D. | 110 |
| | | | | | | SHEET | 4 |
| COUNTY | | Irebonne | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Seltane | | W | 39 | | | | |
| Lianehe | | A | 21 | | | | |
| Arnold | | S | 19 | | | | |
| Lelia | | A | 17 | | | | |
| Ferdinand | | S | 14 | | | | |
| Mariss | | S | 12 | | | | |
| Jenny | | A | 12 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY CONTINUED

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 4 2 01

1910 CENSUS INDEX FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SECRET 15100-FCI

| | | | | LOUISIANA | |
|-------------------------|------------|--------------|------|------------|--|
| HEAD OF FAMILY | | | E.D. | SHEET | |
| 6145 | | | 103 | 18 | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | Terrebonne | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Calvin | | W | 48 | | |
| Maggie | | D | 19 | | |
| Edmund | | S | 17 | | |
| Rama | | D | 16 | | |
| Arthur | | S | 12 | | |
| Edgar | | S | 11 | | |
| Calvin | | D | 10 | | |

LOUISIANA

HEAD OF FAMILY - CONTINUED

4

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION
SHIP | AGE | BIRTHPLACE |
|--------|------------------|-----|------------|
| Clay | S | 8 | |
| Marie | D | 6 | |
| Philip | S | 5 | |
| Agnes | D | 2 | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SCOMM-PC 15108-1-61

LOUISIANA

| | | | | | |
|--|------------------|---|--|---|-------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Leblanc Edgar</i> | | E.D.
<i>36</i> | SHEET
<i>4</i> |
| COLOR
<i>B</i> | AGE
<i>42</i> | BIRTHPLACE | | | |
| COUNTY
<i>Orleans</i> | | CITY | | | |
| ENUMERATED WITH
<i>Leblanc Laura</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>on road</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-PSI

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| P 145 | HEAD OF FAMILY | | E.O. | SHEET |
| | LeBlanc Edgar | | 128 | 21 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 37 | | | |
| COUNTY | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Clarence | | W | 33 | |
| Lucy | | D | 10 | |
| Ludie | | D | 5 | |
| Edna | | S | 4 | |
| Joseph | | D | 12 | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|-----------------|------------|------------|----|
| HEAD OF FAMILY | | E.D. | SHEET | |
| L145 | Le Blanc, Edgar | | 3 | 10 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 33 | | | |
| COUNTY | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sidonia | W | 26 | | |
| Charence | S | 12 | | |
| Agnes | S | 7 | | |
| Rene | S | 3 | | |
| Levy | S | 2 | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| L145 Le Blanc, Edgar | | | 5 | 19 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 31 | | | |
| COUNTY | Assumption | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | W | 31 | | |
| Joseph | S | 15 | | |
| Edith | S | 13 | | |
| Belma | S | 12 | | |
| Lauracia | S | 9 | | |
| Lawrence | S | 7 | | |
| Alex | S | 5 | | |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1810B-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.D. | SHEET | | |
| 2145 | 10911 | | |
| COLOR | AGE | BIRTHPLACE | |
| W | 47 | | |
| COUNTY | CITY | | |
| Terrebonne | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Emma | W | 46 | |
| Julian | D | 24 | |
| Edie | D | 17 | |
| Oscar | S | 15 | |
| Agnes | D | 13 | |
| Annie | D | 11 | |
| Alvin | D | 8 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------|--------------|----------|------------|
| <i>Elena</i> | <i>D</i> | <i>4</i> | |
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FORM 10-636a (4-20-61)
1910 CENSUS INDEX

FORM 10-636 14 20 61

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SCOW-OF 12100-007

5. 1910-1911

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | LeBlanc, Edman |
| COUNTY | | Lafayette | | CITY | Cameron |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Harry | | W | 38 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

8145

| |
|----------------|
| HEAD OF FAMILY |
|----------------|

| | | | | | |
|-------------------------|-----------|----------------|----------|------------|---------|
| 6245 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 3. du | AGE | 32 | BIRTHPLACE | E.O. 71 |
| COUNTY | Lafayette | | SHEET 21 | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugene | | 6 | 30 | | |
| Therese | | 5 | 20 | | |
| Blanche | | 27 | 70 | | |
| Bernard | | 5 | 14 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 6245 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|-----------|----------------|------|------------|------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 12 | AGE | 29 | BIRTHPLACE | Le Blanc, Edmund |
| COUNTY | Jefferson | | CITY | E.D. | 21 |
| | | | | SHEET | 23 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Alberta | | w | 24 | | |
| 1 Edmund Jr | | S | 7/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

145

NAME OF INDIVIDUAL

145

5145

NAME OF INDIVIDUAL *La Blane, Edna*

COLOR *B* AGE *24* BIRTHPLACE *Jefferson* CITY *Jefferson*

ED. *27* SHEET *200*

COUNTY

ENUMERATED WITH

RELATIONSHIP TO ABOVE *Julius, William*

☐ FATHER
☐ MOTHER
☐ GRANDFATHER
☐ GRANDMOTHER
☐ GRANDSON
☐ GRANDDAUGHTER
☐ AUNT
☐ UNCLE

☐ NEPHER
☐ NIECE
☐ FATHER-IN-LAW
☐ MOTHER-IN-LAW
☐ SON-IN-LAW
☐ DAUGHTER-IN-LAW
☐ BROTHER-IN-LAW
☐ SISTER-IN-LAW

☐ INMATE
☐ NURSE
☐ PATIENT
☐ ROOMER
☐ SERVANT
☐ OTHER (Specify) *W*

FORM 10-437 (10-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

LOUISIANA

L145 NAME OF INDIVIDUAL *LeBlanc Edna* E.D. *83* SHEET *35*

COLOR *W* AGE *29* BIRTHPLACE

COUNTY *St. Mary* CITY

ENUMERATED WITH *LeBlanc Paul*

RELATIONSHIP TO ABOVE

| | | |
|--|---|--|
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|---|---|---|------|--|-----|
| 7145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 13 | E.D. | 139 |
| | | BIRTHPLACE | | SHEET | 27 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Leblanc, P. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E. D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 6 | | | 137 | 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S-D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 14-20-611

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| L 145 | HEAD OF FAMILY
<i>L A Blanc Edna</i> | | LOUISIANA | |
|----------------------------|---|------------|------------------|-------------------|
| COLOR
<i>w</i> | AGE
<i>62</i> | BIRTHPLACE | E.D.
<i>2</i> | SHEET
<i>2</i> |
| COUNTY
<i>Ascension</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | | |
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FORM 78-636 (4-20-61)
1910 CENSUS INDEX - FAMILY U.S. DEPARTMENT OF COMMERCE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 30 | | | 135 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Desire 71 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16169-P81

| | | | | | |
|--|---|--------------------|----|------------|---------|
| 4145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 15 | BIRTHPLACE | Edouine |
| COUNTY | | Lafayette | | CITY | |
| ENUMERATED WITH | | | | | |
| Duhon Philogene | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P01

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 445 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|--------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | Edward |
| COUNTY | | | | E.D. | 11 |
| | | | | SHEET | 4 |
| Iberia | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Elodie | W | 33 | | | |
| Nicholas | S | 7 | | | |
| Arden | S | 5 | | | |
| Barna | S | 2 | | | |
| Clara | S | 4 | | | |
| Remond | S | 1/2 | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | |
|----------------------------|---|---------------------------------------|------------|------------------|
| 2145 | HEAD OF FAMILY
<i>Le Blanc, Edward</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>35</i> | BIRTHPLACE | | E.D.
<i>4</i> |
| COUNTY
<i>Ascension</i> | | CITY
<i>Donaldsonville Village</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Edile</i> | | <i>W</i> | <i>31</i> | |
| <i>Edward</i> | | <i>S</i> | <i>4</i> | |
| <i>Charles</i> | | <i>S</i> | <i>2</i> | |
| <i>Uline</i> | | <i>D</i> | <i>1/2</i> | |
| | | | | |
| | | | | |
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FORM 18-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|--------|----------------|------|------------|------------------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | Le Blanc, Edward |
| COUNTY | Iberia | | CITY | E.D. | 15 |
| SHEET 5 | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Marie E. | | W | 44 | | |
| 1 Bo | | | | | |
| 1 Cook | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-----|----------------|
| 445 | HEAD OF FAMILY |
|-----|----------------|

| | | | | |
|-------------------------|----------------|-----------------|------------|-------|
| 445 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 54 | Leblanc, Edward | 47 | 11 |
| COUNTY | | | | |
| Lafourche | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugenie | W | 50 | | |
| Filide | D | 22 | | |
| Therese | D | 20 | | |
| Louise | D | 19 | | |
| Climent | D | 17 | | |
| Alisa | D | 16 | | |
| Arthur | D | 14 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

| NAME | SHIP | AGE |
|------------------------|------|-----|
| Laura | 0 | 15 |
| Perrisson, Marianne H. | 85 | |

FORM 10-6360 14 20 81)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15108-P01

15108-1/61

| | | | | | |
|-----------------------|---|---|----|-----------|-----|
| 8145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 48 | ED. | 102 |
| | | BIRTHPLACE | | SHEET 22 | |
| COUNTY | | Terrebonne | | CITY | |
| ENUMERATED WITH | | Le Blanc Sylvane | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>C</u> </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16108-P61

LOUISIANA

| | | | | | |
|---|------------------|---|--|--|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Edward</i> | | E.D.
<i>133</i> | SHEET
<i>26</i> |
| COLOR
<i>W</i> | AGE
<i>13</i> | BIRTHPLACE | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | |
| ENUMERATED WITH
<i>Duhois Elodie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&MS-DC 19109-P61

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | NAME OF INDIVIDUAL
<i>Li Blaine Edward H</i> | | E.D.
<i>101</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>27</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Irebonne</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Thibodaux, Ramon G Sr</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

| | |
|--|---|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL <i>LeBlanc Edward P.</i> |
| E.D. 105 | SHEET 2 |
| COLOR <i>W</i> | AGE <i>33</i> |
| BIRTHPLACE | |
| COUNTY <i>St. Tammany</i> | CITY <i>Slidell</i> |
| ENUMERATED WITH <i>Evans Katie L.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

| | | | | | |
|-----------------------|---|---|----|-----------------|------------------|
| 7145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | E.D. 56 SHEET 12 |
| COUNTY | | Thierville | | CITY Plaquemine | |
| ENUMERATED WITH | | Grass, Irene | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;">L</div> </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | |
|--|----------------|-------------|----------|
| NAME OF INDIVIDUAL | | LOUISIANA | |
| 145 | LeBlanc Edwney | E.D. | SHEET |
| COLOR | AGE | BIRTH PLACE | |
| W | 31 | Ohio | 108 3 |
| COUNTY | St. Landry | CITY | Delville |
| ENUMERATED WITH | | | |
| Stone Clark W | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 12 | E.O. | 140 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Vermillion | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orphan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO:AM-DC 18108-P61

LOUISIANA

| | | | | | |
|---|---|---|--|-------------|-------------|
| C145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Eleonore</i> | | E.D.
103 | SHEET
19 |
| COLOR
W | AGE
33 | BIRTHPLACE | | | |
| COUNTY | Terrebonne CITY | | | | |
| ENUMERATED WITH
<i>Le Blanc, Guillaume</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P61

LOUISIANA

LOUISIANA

| | | | | | |
|---|------------------|---|--|--|------------|
| 1145 | | NAME OF INDIVIDUAL <i>Le Blanc, Effie</i> | | E.D.
39 | SHEET
7 |
| COLOR
<i>W</i> | AGE
<i>16</i> | BIRTHPLACE | | | |
| COUNTY | | <i>Lafourche</i> | | CITY | |
| ENUMERATED WITH <i>Gaudet, Charles</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| LOUISIANA | | | |
|-------------------------|----------------|-----------------|------------|
| L145 | HEAD OF FAMILY | E.D. 8 SHEET 11 | |
| Le Blanc Efra | | | |
| COLOR W | AGE 50 | BIRTHPLACE | |
| COUNTY Acadia | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Primire | W | 49 | |
| Richard | S | 16 | |
| E. Jay | S | 12 | |
| Kanlain | S | 12 | |
| Breaux Mrs. | Si | 74 | |
| | | | |
| | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--------|----------------|-----|------------------|--|------------|--|
| C145 | | HEAD OF FAMILY | | Le. Blanc Eguash | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 56 | | | | 136 7 | |
| COUNTY | | | | Vermillion | | | |
| | | | | CITY Abbeville | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Elmer | D | 19 | | | | |
| | Allyne | D | 17 | | | | |
| | John | S | 13 | | | | |
| | Earl | D | 8 | | | | |
| | Maude | D | 7 | | | | |
| | Lauras | D | 5 | | | | |
| | Eguash | S | 4 | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 12108-P01

LOUISIANA

| | | | | | | | | | |
|--|--|--------------------|---|------------------|--|---|--|-------|--|
| 145 | | NAME OF INDIVIDUAL | | Le Blanc, Claire | | E.D. | | SHEET | |
| COLOR | | AGE | | BIRTHPLACE | | | | | |
| W | | 14 | | | | | | | |
| COUNTY | | | | Iberia | | CITY | | | |
| ENUMERATED WITH | | | | | | | | | |
| Broussard, Demosthene | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

LOUISIANA

| | | LOUISIANA | |
|-------------------------|----------------|-----------------|--------------|
| 8145 | HEAD OF FAMILY | <i>Le Blanc</i> | <i>Elias</i> |
| COLOR | AGE | E.D. | SHEET |
| W | 37 | 134 | 3 |
| BIRTHPLACE | | | |
| COUNTY | CITY | | |
| Vermillion | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Cristina</i> | W | 34 | |
| <i>Lea</i> | S | 15 | |
| <i>Lelia</i> | D | 11 | |
| <i>Rhond</i> | S | 9 | |
| <i>Julia</i> | S | 7 | |
| <i>Eva</i> | D | 5 | |
| <i>Walter</i> | S | 3 | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|----------|------------|
| 1. <i>Lucy</i> | <i>D</i> | <i>1</i> | |
| | | | |
| <i>x 1 HM</i> | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. COMM-DC 15198-P61

| | | | | LOUISIANA | |
|-------------------------|-----|----------------|-----|------------|-------|
| X145 | | HEAD OF FAMILY | | E.D. | SHEET |
| Le Blanc | | Elie | | 133 | 15 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 73 | | | | |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Felix | | W | 18 | | |
| Chester | | S | 4 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------|-----|------------|
| E.D. | SHEET | | |
| 145 | 50 / | | |
| HEAD OF FAMILY | | | |
| Leblanc, Elie | | | |
| COLOR | AGE | | |
| W | 47 | | |
| BIRTHPLACE | | | |
| | | | |
| COUNTY | CITY | | |
| Iberville | Plaquemine | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Eugene | D | 22 | |
| Ray | S | 20 | |
| Iba | D | 18 | |
| Antoinette | B | 45 | |
| Charles | B | 35 | |
| Alma | M | 82 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

[illegible]

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 20145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | LeBlanc Elias | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 30 | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ophelia | | W | 38 | | |
| Lepta | | S | 7 | | |
| Eugenie | | S | 5 | | |
| Lilla | | S | 2 | | |
| Lillian | | S | 2 | | |
| Robert | | B | 16 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | Eliza | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 55 | | | | |
| COUNTY | | CITY | | | |
| Iberville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Victoria | | w | 46 | | |
| Elder | | D | 23 | | |
| Marfe | | a | 20 | | |
| Clarvin | | D | 19 | | |
| George | | S | 15 | | |
| Jimmie | | S | 14 | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----------|-----------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| A145 | | NAME OF INDIVIDUAL | | Le Blanc, Eliza | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 38 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | Lafourche | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kandel, Charles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 10100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc Eliza | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Iberia | | New Iberia | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miguel Octave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|-----------------|--|-----------|-----|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 5145 | | NAME OF INDIVIDUAL | | Le Blanc, Elyse | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 53 | BIRTHPLACE | | E.D. | 133 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | SHEET | 41 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Alexson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P81

| | | | | | |
|--|--------|--|------|--|--|
| 2-145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Elize | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 10.5 4 | |
| 9 | COUNTY | | CITY | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | Henry, Homer | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16105-P01

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1145 | NAME OF INDIVIDUAL <i>Le Blance Elizabeth</i> | | E.D. <i>1</i> | SHEET <i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>mw</i> | AGE <i>5</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY <i>Ascension</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Taylor Charlie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input checked="" type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18188-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| 5145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 36 | St. Pierre, St. Elizabeth | | 35 | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jefferson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suzel Jean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | | | | | |
|--|-----|--|--|--|--|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Elizabeth | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 135 3 | |
| 14 | 22 | | | | |
| COUNTY | | Vermillion | | CITY | |
| | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Aurey | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|---|-----------------|--|--|-------------------|--------------------|
| 1145 | | NAME OF INDIVIDUAL
<i>Leblanc Elizabeth</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>4</i> | BIRTHPLACE | | E.D.
<i>79</i> | SHEET
<i>14</i> |
| COUNTY | | CITY | | | |
| rointe Coupee | | | | | |
| ENUMERATED WITH
<i>Morrisson Edward</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input checked="" type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 1145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 4 | AGE | 53 | BIRTHPLACE | La Blance Silu |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pamella | | 4 | 44 | | |
| Lawrence | | S | 21 | | |
| Margaret | | D | 17 | | |
| Blanche | | D | 15 | | |
| Lore | | D | 12 | | |
| Edison | | S | 10 | | |
| Laura | | D | 8 | | |

FORM 10-634 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

FORM 10-6364 14-20-81

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

115COMM-DC 15100-P01

HEAD OF FAMILY

1145

HEAD OF FAMILY *Le Blanc Ellis*

COLOR *W* AGE *57* BIRTHPLACE

COUNTY

LOUISIANA

E.D. *82* SHEET *34*

St. John the Baptist CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----------|------------|
| <i>Caroline</i> | <i>W</i> | <i>44</i> | |
| <i>Evelyn</i> | <i>S</i> | <i>23</i> | |
| <i>Clarence</i> | <i>S</i> | <i>17</i> | |
| <i>Charles</i> | <i>S</i> | <i>11</i> | |
| <i>Grace</i> | <i>D</i> | <i>8</i> | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1145

HEAD OF FAMILY

LOUISIANA

L143

| | | | |
|-------------------------|--------------|----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | E.D. | SHEET |
| W | 30 | 5 | 10 |
| BIRTHPLACE | | | |
| COUNTY | | CITY | |
| Ascension | | Donaldsonville | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Edward C | S | 6 | |
| Cloria A. | D | 5 | |
| Alise | D | 2 | |
| Errie Cloria L | M | 45 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L145

| | | | |
|-------------------------|--------------|-----------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | E.D. | SHEET |
| | | | |
| BIRTHPLACE | | | |
| COUNTY | | CITY | |
| | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | | | |
| | | | |
| | | | |
| | | | |

L 145

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-----------|------------|
| COLOR | AGE | E.D. | SHEET |
| Black
B | 23 | 1 | 16 |
| BIRTHPLACE | | | |
| COUNTY | | CITY | |
| Bienville | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Stella | W | 24 | |
| J.C. | S | 7 | |
| Ellen Mary | N | 7 | |
| Louie | N | 6 | |
| George | S | 2 | |
| Mary | N | 1 | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|--|--|--|----|-------|
| 445 | | NAME OF INDIVIDUAL | | ED | SHEET |
| w | | Leblanc Elma | | 64 | 5 |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 25 | | | | |
| COUNTY | | CITY | | | |
| Livingston | | Walker | | | |
| ENUMERATED WITH | | | | | |
| Bougeois clan | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15125-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L145 | NAME OF INDIVIDUAL
<i>LeBlanc, Elma</i> | | E.D.
<i>57</i> | SHEET
<i>28</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Iberville</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Love John W.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>Bo</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Bo</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Bo</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18185-P61

| LOUISIANA | | | | | | |
|-------------------------|----------------|--------------|------|------------|-------|----|
| 2145 | HEAD OF FAMILY | La. Blanc | E.D. | 96 | SHEET | 13 |
| COLOR | AGE | BIRTHPLACE | | | | |
| W | 36 | | | | | |
| COUNTY | St. Tammany | | CITY | Covington | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Ella | | W | 36 | | | |
| Martha | | D | 14 | | | |
| Leo | | S | 12 | | | |
| Emira | | D | 10 | | | |
| Edward | | S | 8 | | | |
| Allen | | S | 6 | | | |
| | | | | | | |
| | | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Le Blanc, Elmissa | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 10 | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Ascension | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bourgeois, Camille | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| adapted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Elmer | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| a | 52 | | | | |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Le Blanc | | W | 51 | | |
| Le Blanc Elmer | | H | 19 | | |
| Le Blanc | | W | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 24 | BIRTHPLACE | E. D. |
| | | | | 102 | |
| | | | | SHEET 31 | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eureli | | u | 24 | | |
| Louie | | s | 3/10 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|-------------------|-----|------------|----|
| L 145 | | HEAD OF FAMILY | | Le Blanc, Elphège | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | | E.D. | 10 |
| | | | | | | SHEET | 11 |
| COUNTY | | | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | | | W | 34 | | |
| Florence | | | | D | 22 | | |
| Lila | | | | D | 12 | | |
| Lena | | | | D | 17 | | |
| Corine | | | | D | 15 | | |
| Cecile | | | | D | 13 | | |
| Andrew | | | | S | 11 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY (CONTINUED) | | LOUISIANA | |
|----------------------------|--------------|-------------|------------|
| | | CARD 2 OF 2 | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Girou, Ely | SS | 8 | |
| Le Blanc, Anna | A | 4 | |
| 1 Lenny | L | 2 | |
| Landry, Julia | BK | 46 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

5010-108-101

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Elphège | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 103 19 | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Terrebonne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Guillaume | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPM-DC 1910-PS1

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 73 | | | 40 | 32 |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. L. L. L. L. | | W | 46 | | |
| L. L. L. | | D | 2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|-----------|---|--------|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc Elvina | | E.D. | | SHEET | |
| COLOR | B | AGE | 8 | BIRTHPLACE | 136 32 |
| COUNTY | | | CITY | | |
| Vermillion | | | Abbeville | | |
| ENUMERATED WITH | | | | | |
| Kaplard Henry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Se D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16196-P61

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 30 | | | 66 | 17 |
| COUNTY | St. James | | CITY | | |
| James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| [illegible] | | W | 42 | | |
| [illegible] | | 5 | 3 | | |
| [illegible] | | | | | |
| [illegible] | | | | | |
| [illegible] | | | | | |
| [illegible] | | | | | |
| [illegible] | | | | | |
| [illegible] | | | | | |
| [illegible] | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|----------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 39 | | | SHEET 13 |
| COUNTY | | | CITY | | |
| Acadia | | | Acadia | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Beliza | | W | 35 | | |
| Halter | | S | 7 | | |
| Hoochman | | S | 16 | | |
| Lynn | | S | 15 | | |
| Lahra | | D | 12 | | |
| Nelons, Hallelu | | Grandson | 28 | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 31 | | | 8 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Melina | | W | 33 | | |
| Astruse | | S | 14 | | |
| Joseph | | S | 13 | | |
| Elise | | D | 5 | | |
| | | | | | |
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FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--------------------------------------|------------------|--|-----------|-------------------|--------------------|
| L145 | | HEAD OF FAMILY
<i>Le Blanc, Emile</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>65</i> | BIRTHPLACE | | E.D.
<i>82</i> | SHEET
<i>42</i> |
| COUNTY
<i>St John the Baptist</i> | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Walter</i> | | <i>S</i> | <i>5</i> | | |
| <i>Francis</i> | | <i>D</i> | <i>27</i> | | |
| <i>Emile Jr.</i> | | <i>S</i> | <i>18</i> | | |
| <i>Adeline</i> | | <i>S</i> | <i>6</i> | | |
| <i>Colby</i> | | <i>S</i> | <i>14</i> | | |
| <i>Reggie</i> | | <i>D</i> | <i>1</i> | | |
| <i>Habitator</i> | | <i>S</i> | <i>9</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|---|----|
| 5/45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 46 | E.D. | 78 |
| | | BIRTHPLACE | | 21 | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| ENUMERATED WITH | | | | | |
| Leblanc, Orellian | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Si | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| L. Blaine Smith | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 36 | | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. E. Smith | | W | 22 | | |
| L. Blaine Smith | | D | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------------------------|------|---------------------------------|--|
| 145
COLOR
W | | HEAD OF FAMILY
LeBlanc Ernest | | LOUISIANA
E.D. 1416
SHEET | |
| AGE
27 | | BIRTHPLACE | | | |
| COUNTY
Terrebonne | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ede | | W | 23 | | |
| Antoine | | F | 22 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 45 | Lelands, Louis | | 50 | 22 |
| COUNTY | | CITY | | | |
| Iberville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Louis | | W | 45 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| 445 | | HEAD OF FAMILY | | Liblanc, Emil | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 23 | | | | 47 11 | |
| COUNTY | | | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Cecile | | W | | 23 | | | |
| Helen | | D | | 2 | | | |
| Norine | | D | | 7/12 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|------|--|------------------|
| 5445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | E.D. 47 SHEET 11 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Beaugregard | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

| | | | | | | | |
|-------------------------|----------|----------------|-----|----------------|------|-----------|--|
| 145 | | HEAD OF FAMILY | | Le Blanc Emile | | LOUISIANA | |
| COLOR | LU | AGE | 45 | BIRTHPLACE | | | |
| COUNTY | | | | Vermillion | CITY | | |
| | | | | Abbeville | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Edel | W | 43 | | | | |
| | Elie | S | 19 | | | | |
| | Lilly | D | 17 | | | | |
| | Amelia | D | 13 | | | | |
| | Mary | D | 11 | | | | |
| | Nicholas | S | 7 | | | | |
| | Ernest | D | 4 | | | | |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 67 | | 59 | 31 |
| COUNTY | | | CITY | | |
| Iberville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celestine | | W | 63 | | |
| Edward | | S | 21 | | |
| Lena | | S | 18 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|-------------------|------------|------------|------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 67 | | | 38 |
| COUNTY | | CITY | | SHEET | |
| Calcasieu | | Lake Charles City | | 7 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Ligonmouth | | W | 68 | | |
| Augusta | | W | 37 | | |
| 1. Estrange | | W | 35 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | Le Blanc, Esnile |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Aveline | | 10 | 60 | | |
| Amelle | | 1 | 35 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L175 | | HEAD OF FAMILY | | LOUISIANA | |
| De Blane, Emile | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 28 | | | | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Florence | | W | 29 | | |
| Henry | | S | 5 | | |
| Mary | | S | 4 | | |
| Richard Clement | | M | 52 | | |
| Neil | | S | 16 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------|--|---------------|--|-------|
| L145- | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leblanc Emile H | | E.O. | | SHEET | |
| COLOR | W | AGE | 75 | BIRTHPLACE | 40 14 |
| COUNTY | Lafourche | | CITY Lockport | | |
| ENUMERATED WITH | | | | | |
| Tamps Joseph Jr. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input checked="" type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18165-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 6 | 5 | | | 98 | 9 |
| COUNTY | | CITY | | | |
| St. Landry | | Mandeville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Livingston | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|---|-----------|------------|-------|
| 5145 | | LOUISIANA | |
| NAME OF INDIVIDUAL | | E.D. | SHEET |
| LeBlanc, Louis | | 35 | 10 |
| COLOR | AGE | BIRTHPLACE | |
| W | 74 | | |
| COUNTY | Jefferson | CITY | |
| ENUMERATED WITH | | | |
| Relationship to above | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input checked="" type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO-44-DC 10105-P61

| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| W | 46 | | 65 | 9 | |
| COUNTY | Lafayette | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Myrna | D | 17 | | | |
| Leonard | S | 14 | | | |
| Martha | D | 2 | | | |
| Sidney | S | 2 | | | |
| Aline | D | 4 | | | |
| Martha | S | 15 | | | |
| 1 | S | 16 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| L145 | NAME OF INDIVIDUAL
<i>LeBlanc, Emeline</i> | | E.D. 65 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>57</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafayette</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Martin, August</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 7705 | | HEAD OF FAMILY | | LOUISIANA | |
| J. E. Blanc | | Emily | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 30 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. E. Blanc | | S | 50 | | |
| Laurie, Laura | | Ad-Cl | 13 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--|--|--------------------|-------------------|
| L145 | | NAME OF INDIVIDUAL
<i>LeBlanc Emily</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>28</i> | BIRTHPLACE | | E.D.
<i>136</i> | SHEET
<i>4</i> |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Abbeville</i> | | | |
| ENUMERATED WITH
<i>Lauchant Mrs Euphrosine</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWIFE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|--|-----|---|--|--|--|
| L45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Emma | | ED | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 70 38 | |
| W | 64 | | | | |
| COUNTY | | CITY | | | |
| Lafayette | | Lafayette | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Adonis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18102-P01

| | | | | | |
|---|-----------------|---|--|--|--------------------|
| C145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Emma</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>9</i> | BIRTHPLACE | | E.D.
<i>8</i> | SHEET
<i>21</i> |
| COUNTY
<i>Acadia</i> | | CITY | | | |
| ENUMERATED WITH
<i>Le Blanc, Guy's Tefean</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18102-P81

| | | | | | |
|--|-----|--------------------|--|-----------|--|
| 945 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Emmett | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 90 28 | |
| W | 2 | | | | |
| COUNTY | | CITY | | | |
| St. Mary | | Franklin | | | |
| ENUMERATED WITH | | | | | |
| Jake, Sadhana | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------|------------|-------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| 445 | NAME OF INDIVIDUAL | Le Blanc Emmon | E.O. | 136 | SHEET | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 23 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | Vermillion | | CITY | Abbeville | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | Lauchonk Mrs. Ephraim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><u>S</u></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>S</u> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>S</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P61

| HEAD OF FAMILY - | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|----|
| E.D. | | | SHEET | |
| 8145 Le Blanc Emor | | | 133 | 32 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 29 | | | |
| COUNTY | | CITY | | |
| Vermillion | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emor | W | 27 | | |
| Indy | S | 8 | | |
| Cole | D | 7 | | |
| Jessie | D | 6 | | |
| Willie | D | 5 | | |
| James | S | 4 | | |
| Lucas | S | 2 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | |
|--|--|--|-------------------|
| NAME OF INDIVIDUAL
<i>2185 Le Blanc, Eusemy</i> | | E.D.
<i>133</i> | SHEET
<i>8</i> |
| COLOR
<i>W</i> | AGE
<i>5 1/2</i> | BIRTHPLACE | |
| COUNTY
<i>Vermillion</i> | CITY
<i>Delcambre</i> | | |
| ENUMERATED WITH
<i>Louise Oye</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18160-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L175 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 23 | | | 48 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Sullivan | | W | 20 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|----------------|--|-----------|--|
| 7/45 | | HEAD OF FAMILY | | Le Blanc Enock | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| W | | 30 | | | | 12 | |
| COUNTY | | Iberia | | CITY | | SHEET | |
| | | | | | | 13 | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | | |
| 1 Marie | | | | m | | 60 | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Enrie | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 45 | | | | |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 23 | | |
| John | | S | 18 | | |
| Victorine | | D | 16 | | |
| Enrie | | D | 6/12 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 7-145 | | HEAD OF FAMILY | | LOUISIANA | |
| E. D. | | SHEET | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 37 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alta | | W | 25 | | |
| Ernest | | S | 5 | | |
| Joseph | | S | 3 | | |
| Cyprien | | D | 13 | | |
| Romaine, Antonio | | S | 25 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------|-------------------|------|------------|-------|
| C 45 | | Le Blanc, Ephraim | | R.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | | | | |
| COUNTY | Acadia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ariel | | W | 38 | | |
| Rufus | | S | 15 | | |
| Laura | | D | 13 | | |
| McLean | | D | 6 | | |
| Wilson | | S | 3 | | |
| Hugout, Noah | | B-L | 22 | | |
| Le Blanc, Charles | | B | 23 | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc, Erasta | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 24 | 38 | | | | |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Athimase | | 24 | 38 | | |
| Sora | | L | 13 | | |
| Mary | | D | 12 | | |
| Edison | | L | 9 | | |
| Lankey | | L | 7 | | |
| Graham | | L | 4 | | |
| S. S. S. | | L | 3 | | |

FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 15105-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 7145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Carmine | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 140 2 | |
| W | 75 | | | | |
| COUNTY | | CITY | | | |
| Vermillion | | Haplant | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ignace | | 9 C1 | 13 | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|------|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc Ernest | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 25 | | | 2 14 | |
| COUNTY | Acadia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leisa | | w | 22 | | |
| Minnie | | d | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Ernest | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ernest | | w | 41 | | |
| Norla | | d | 17 | | |
| Henry | | s | 15 | | |
| Edward | | s | 13 | | |
| Augustine | | s | 10 | | |
| Luce | | d | 7 | | |
| Olivier | | s | 5 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------------|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 47 | | 10 | 34 |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Felice | W | 44 | | |
| | Mary | D | 19 | | |
| | Paul | S | 17 | | |
| | Lawrence | S | 14 | | |
| | Alvina | D | 15 | | |
| | Paul | S | 13 | | |
| | Julia | S | 9 | | |

FORM 10-636 (6-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

[illegible]

1910 CENSUS INDEX . FAMILY (Continued)

15198-261

| | | | | | |
|-------------------------|----|----------------|------|------------|--|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Ernest | | E.O. | | 3 | |
| COLOR | 20 | AGE | 47 | SHEET 18 | |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Carloto | | w | 45 | Cuba | |
| Joseph | | s | 21 | | |
| Andrew | | s | 19 | | |
| Valerie | | d | 15 | | |
| Francisco | | d | 10 | | |
| Ernest Jr. | | s | 5 | | |
| Ducarme E. Mrs. | | m | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| X145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 27 | | | 137 | 17 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marion | | W | 32 | | |
| Leta | | S | 7 | | |
| Lida | | D | 5 | | |
| Paul | | S | 1 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | E.D. | 40 |
| | | BIRTHPLACE | | SHEET | 20 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Nyatille | | W | 20 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| w | | 34 | | 45 | 30 |
| COUNTY | | | Lafourche | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | | w | 31 | | |
| Enola | | D | 16 | | |
| Dorwood | | S | 9 | | |
| Ashton | | S | 8 | | |
| Dalton | | S | 5 | | |
| Augusta | | D | 3 | | |
| Blissie | | D | 2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Seblanc, Ernest | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 51 | | | | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Thathilda | | W | 40 | | |
| Jean | | D | 15 | | |
| Jenny | | D | 13 | | |
| Benoit | | D | 11 | | |
| Boling | | D | 8 | | |
| Cristine | | D | 5 | | |
| Augusta | | D | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc | | Ernest | | E.D. | SHEET |
| COLOR | W | AGE | 36 | 138 | 22 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alana | | W | 33 | | |
| Ida | | D | 2 | 25 | |
| Mary | | D | 1 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Ernest | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 32 | | | | |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mabel | | W | 28 | | |
| Lillian | | D | 7 | | |
| Mason | | S | 5 | | |
| Wilson | | S | 3 | | |
| Wallace | | S | 1 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | |
|-------------------------|--|----------------|--|----------------|--|------|--|------------|--|
| 2145 | | HEAD OF FAMILY | | Leblanc Ernest | | E.O. | | SHEET | |
| 83 | | 3 | | | | | | | |
| COLOR | | AGE | | BIRTHPLACE | | | | | |
| W | | 47 | | | | | | | |
| COUNTY | | | | Pointe Coupee | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Alicia | | | | W | | 44 | | | |
| Carmille | | | | S | | 15 | | | |
| Clara | | | | D | | 13 | | | |
| Charlie | | | | S | | 14 | | | |
| Fred | | | | S | | 9 | | | |
| Bernadette | | | | D | | 7 | | | |
| Elizabeth | | | | D | | 5 | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| 1 Claude | S | 3 | |
| 2 Iv. | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMA-DC 18100-P61

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------------|--|------------|--|
| L145 | | HEAD OF FAMILY | | Leblanc, Ernest J. R. | | LOUISIANA | |
| COLOR | | AGE | | E.D. | | SHEET | |
| W | | 18 | | 47 | | 13 | |
| BIRTHPLACE | | CITY | | | | | |
| COUNTY | | Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Eda | | W | | 20 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| La Blanc Ernest M | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| V | 48 | | | | |
| COUNTY | | St. Tammany | | CITY | |
| | | | | Covington | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Nelsonina | | W | 30 | | |
| Mara | | D | 16 | | |
| Sadie | | P | 14 | | |
| Elder | | S | 10 | | |
| Earl | | S | 8 | | |
| Mariton | | S | 18 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>L/15</i>
NAME OF INDIVIDUAL
<i>LeBlance Ernestine</i> | | E.D.
<i>37</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>62</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafourche</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Shaw Berthon</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18194-P01

| | |
|--|--|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL
<i>L. a. Blanc Ernestine</i> |
| E.D.
71 | SHEET
14 |
| COLOR
B | AGE
12 |
| BIRTHPLACE | |
| COUNTY
<i>St. James</i> | CITY |
| ENUMERATED WITH
<i>Smith Albert</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16106-P61

| LOUISIANA | | | |
|-------------------------|--|------------|------------|
| 5145 | HEAD OF FAMILY
<i>Le Blanc-Erol</i> | | E.D.
12 |
| COLOR
<i>W</i> | AGE
33 | BIRTHPLACE | |
| COUNTY
<i>Iberia</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Antonia</i> | <i>w</i> | <i>34</i> | |
| <i>Lucie</i> | <i>d</i> | <i>15</i> | |
| <i>Erol</i> | <i>v</i> | <i>13</i> | |
| <i>Blanche</i> | <i>d</i> | <i>11</i> | |
| <i>Clemance</i> | <i>d</i> | <i>9</i> | |
| <i>Genovia</i> | <i>d</i> | <i>7</i> | |
| <i>Oversia</i> | <i>d</i> | <i>5</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| / Emery | d | 3 | |
| Enola | d | 3/2 | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMA-DC 1910B-P81

| | | | | | |
|-------------------------|---|----------------|--------|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc, Esparia | | E.D. 7 | | SHEET 15 | |
| COLOR | W | AGE | 30 | BIRTHPLACE | |
| COUNTY | | | Acadia | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Esparia | | W | 25 | | |
| Luis | | S | 5 | | |
| Esparia | | D | 3 | | |
| Sharber | | S | 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL <i>Loblanc, Esther</i> |
| E.D. 47 | SHEET 14 |
| COLOR <i>W</i> | AGE <i>13</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| <i>Lafourche</i> | |
| ENUMERATED WITH <i>Harrel, Philip</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------------|--------------------------------|--|--|
| 1145 | | NAME OF INDIVIDUAL
<i>Le Blance Ethel</i> | | LOUISIANA | E.D.
1 | SHEET
3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Mw</i> | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | <i>Assension</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Johnson Perry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Daughter</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Daughter</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Daughter</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| L145 | NAME OF INDIVIDUAL
<i>LeBlanc, Ethel</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| E.D.
<i>95</i> | SHEET
<i>13</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY
<i>Morgan City</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>W. Mary</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Cooper, Harriette</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S.D.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S.D.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S.D.</i> | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| 2745 | | HEAD OF FAMILY | | LOUISIANA | |
| Blanc Etienne | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W. | 43 | | | | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Espere | W | 38 | | | |
| Memo | S | 8 | | | |
| Espere | D | 17 | | | |
| Lydia | D | 14 | | | |
| Antoine | D | 12 | | | |
| Therese | S | 9 | | | |
| Etienne | S | 8 | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY CONTINUED

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636a 4-20-61

1910 CENSUS INDEX . FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

(500) 221-1510

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|------------|----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| 2-145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Etienne</i> | | LOUISIANA | F.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | <i>102</i> | <i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Henry, Homer</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMMA-DC 16100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---------------|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P. 45 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 3 | BIRTHPLACE | E.O. 90 SHEET 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Mary | | CITY Franklin | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

LOUISIANA

| | | | | |
|--|---|--|-------------------|--------------------|
| P. 45 | NAME OF INDIVIDUAL
<i>Le. Blanc, Etienne</i> | | E.O.
<i>90</i> | SHEET
<i>28</i> |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | | |
| COUNTY
<i>St. Mary</i> | | CITY
<i>Franklin</i> | | |
| ENUMERATED WITH
<i>Chouteau, Mary</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 1510B-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Eubert | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 21 | | | | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Chalome | | W | 16 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|-------------------|-------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 21 | | 3 | 5 |
| BIRTHPLACE | | Acadia, Euclidean | | | |
| COUNTY | Acadia | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Fedora | | W | 20 | | |
| / Helia | | D | 1 3/4 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc Eudora</i> | | LOUISIANA
E.D. 8 SHEET 12 | |
| COLOR
<i>W</i> | AGE
<i>13</i> | BIRTHPLACE | | | |
| COUNTY
<i>Acadia</i> | | | CITY | | |
| ENUMERATED WITH
<i>Lahore Gussaire</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Daughter</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| COUNTY | | St. Charles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mother | | | 25 | | |
| Father | | | 28 | | |
| Son | | | 2 | | |
| Daughter | | | 1 | | |
| Grandson | | | 1 | | |
| Granddaughter | | | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------------------------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc | | Eugene | | E.D. | SHEET |
| COLOR | W | AGE | 33 | 40 | 16 |
| BIRTHPLACE | | | | | |
| COUNTY | | | Lafourche | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celestine | | w | 34 | | |
| Eugene Jr | | S | 9 | | |
| Edith | | D | 9 | | |
| Stella | | D | 7 | | |
| Henriette | | D | 3 | | |
| Elsie | | D | 1 ² / ₂ | | |

FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 1-45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| k | | 42 | | | 133 39 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 37 | | |
| Linda | | S | 20 | | |
| Lee | | S | 18 | | |
| Gonzalez | | D | 16 | | |
| Sasha | | D | 14 | | |
| Eliana | | D | 8 | | |
| Joseph | | S | 6 | | |

FORM 10-634 (4-20-63)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------------|----------------|-----|------------|----|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 66 | E.D. | 65 |
| | | BIRTHPLACE | | SHEET | 29 |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Elzina | W | 60 | | |
| | Broussard, Fernand | B.S. | 38 | | |
| 1 | Agassie | Da | 10 | | |
| | | | | | |
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Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------------|------------------|---|-----------|--------------------|--------------------|
| 145 | | HEAD OF FAMILY
<i>Le Blanc, Eugene</i> | | LOUISIANA | |
| COLOR
<i>H</i> | AGE
<i>27</i> | BIRTHPLACE | | E.D.
<i>131</i> | SHEET
<i>21</i> |
| COUNTY
<i>St. Martin</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Josephine</i> | | <i>H</i> | <i>28</i> | | |
| <i>Noelie</i> | | <i>S</i> | <i>8</i> | | |
| <i>Lucy</i> | | <i>S</i> | <i>7</i> | | |
| <i>Gaston</i> | | <i>S</i> | <i>5</i> | | |
| <i>Alme</i> | | <i>D</i> | <i>4</i> | | |
| <i>Allen</i> | | <i>S</i> | <i>2</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 35 | | 10 | 34 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Adelia | | W | 28 | | |
| Dexuse | | D | 8 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|-------------------------|--------------------------------------|
| L 145 | HEAD OF FAMILY
Leblance Eugene W. |
| E.D. | SHEET |
| COLOR
W | AGE
28 |
| BIRTHPLACE | |
| COUNTY
Lafayette | CITY |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| AGE | BIRTHPLACE |
| Leonie | W |
| 26 | |
| Lydia C. | D |
| 3 | |
| Wade C. | S |
| 1 9/12 | |
| Leonie M. | D |
| 3/12 | |
| | |
| | |
| | |
| | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L145 | HEAD OF FAMILY | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 48 | | |
| COUNTY | Lafayette | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Clelia | W | 38 | |
| Edna | D | 11 | |
| Angella | S | 6 | |
| Normie | D | 3 | |
| Theresa | M | 98 | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 145 | | NAME OF INDIVIDUAL | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| La Blane, Eugenia | | 145 | | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tiepel, John B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1858B-P61

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc Eugene</i> | | E.D.
<i>102</i> | SHEET
<i>23</i> |
| COLOR
<i>M</i> | AGE
<i>27</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Landry</i> | | CITY
<i>Opelousas</i> | | | |
| ENUMERATED WITH
<i>Martelle John</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WOOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P61

L145

| | | | | | |
|-------------------------|---|----------------|-------|------------|-----------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Mrs. Eugenie | | E.O. | SHEET | | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Lafayette |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Frank | | S | | | |
| Marie | | S | | | |
| William | | S | | | |
| Joseph | | S | | | |
| Helen | | S | | | |
| Ernest | | S | | | |
| Senegal | | Francis | | | |

FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| NAME OF INDIVIDUAL | | | LOUISIANA | |
|--|--|--|-----------|-------|
| 8145 | Le Blanc | Engine | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | 133 | 27 |
| W | 16 | | | |
| COUNTY | Vermillion | CITY | | |
| ENUMERATED WITH | | | | |
| Le Blanc Selma | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| LOUISIANA | | | |
|--------------------------|--|-----------|------------|
| L145 | HEAD OF FAMILY <i>Le Blanc, Eugene</i> | | |
| E.D. 10 | SHEET 10 | | |
| COLOR <i>W</i> | AGE 39 | | |
| BIRTHPLACE | | | |
| COUNTY <i>Assumption</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Bulma</i> | <i>W</i> | <i>44</i> | |
| <i>Loretta</i> | <i>D</i> | <i>12</i> | |
| <i>Philomene</i> | <i>D</i> | <i>11</i> | |
| <i>Marguerite</i> | <i>D</i> | <i>9</i> | |
| <i>Augustine</i> | <i>D</i> | <i>4</i> | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|-----|----------------|--------|------------|------|------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | | E.D. | SHEET |
| Le Blance | | Eulin | | 153 | | 15 | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| MW | 29 | | | | | | |
| COUNTY | | | Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Mollene | | w | 24 | | | | |
| Octavie | | d | 4 | | | | |
| Ledia | | d | 3 1/2 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|------------|------------|--------|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LeBlanc | | Tunic | | E.D. | SHEET |
| COLOR | W | AGE | 3 | BIRTHPLACE | 128 17 |
| COUNTY | | | St. Martin | CITY | |
| ENUMERATED WITH | | | | | |
| Tally | | | | | |
| Relationship to above | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| 445 | NAME OF INDIVIDUAL
<i>LeBlaine Eunice</i> | | E.D.
<i>128</i> | SHEET
<i>16</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>2</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Martin</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Poluchamp Cezar</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Asphar</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Asphar</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Asphar</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | | | |
|--|--|--|------|------|-------|
| L145 | | NAME OF INDIVIDUAL | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| COUNTY | Iberia | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L45 | | NAME OF INDIVIDUAL
<i>Le Blanc Eunice</i> | | E.D.
23 | SHEET
23 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>8</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Iberia</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Bostaud James</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-30-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 10195-P-61

LOUISIANA

| | | | | |
|---|--|--|--------------------|--------------------|
| L145 | NAME OF INDIVIDUAL
<i>Le Blanc, Euphama</i> | | E.D.
<i>113</i> | SHEET
<i>13</i> |
| COLOR
<i>W</i> | AGE
<i>22</i> | BIRTHPLACE | | |
| COUNTY
<i>Iberia</i> | CITY | | | |
| ENUMERATED WITH
<i>Broussard, Dennis</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 13198-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------------|--------------------------------|--|--|
| L 145 | NAME OF INDIVIDUAL
<i>Le Blanc, Euphemus</i> | | E.O.
71 | SHEET
35 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>14</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafayette</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Blanchet, Curia</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Euphemus</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Euphemus</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Euphemus</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | | | |
|-------------------------|------------|----------------|-----|------------|-------|
| 8.45 | | HEAD OF FAMILY | | E.D. | SHEET |
| Le Blanc. Eva | | | | 137 | 28 |
| COLOR | AGE | BIRTHPLACE | | | |
| Mu | 39 | | | | |
| COUNTY | St. Martin | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anesia | | S | 10 | | |
| Aldor | | S | 20 | | |
| Phulbert | | S | 18 | | |
| Areville | | S | 16 | | |
| | | | | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|--------------------------|---|--|---|------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc Eva</i> | | E.O.
133 | SHEET
8 |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | | | |
| COUNTY
<i>Vermillion</i> | CITY
<i>Delcambre</i> | | | | |
| ENUMERATED WITH
<i>Landing Oyer</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

| | | | | | |
|--|--|---|------------|---|-------|
| 45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 4 | | 46 | 15 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| ENUMERATED WITH | | | | | |
| Casaway Chas B | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Cousin | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18184-P41

LOUISIANA

| | | | | |
|--|--|--|-----------|-------|
| 2145 | NAME OF INDIVIDUAL | Le Blanc Evan | E.P. | SHEET |
| COLOR | AGE | BIRTHPLACE | 136 | 8 |
| CW | 23 | | | |
| COUNTY | Vermillion | CITY | Abbeville | |
| ENUMERATED WITH | Landry Charles Mrs | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16199-P61

LOUISIANA

| | | | | |
|--|--|---|------------|-------------|
| L145 | NAME OF INDIVIDUAL
<i>Le Blanc Eric</i> | | E.D.
10 | SHEET
17 |
| COLOR
W | AGE
20 | BIRTHPLACE | | |
| COUNTY
<i>Ascension</i> | | CITY | | |
| ENUMERATED WITH
<i>Le Blanc Austide</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P01

F

| | | | | |
|---------------------------|-----------------------------------|-----------------------|-----------------|----------------|
| 2145 | HEAD OF FAMILY <i>Le Blanc F.</i> | | LOUISIANA | |
| COLOR <i>W</i> | AGE <i>48</i> | BIRTHPLACE | E.D. <i>136</i> | SHEET <i>3</i> |
| COUNTY <i>Vermillion</i> | | CITY <i>Abbeville</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Anna</i> | | <i>W</i> | <i>46</i> | |
| <i>Howard</i> | | <i>S</i> | <i>11</i> | |
| <i>Amill</i> | | <i>D</i> | <i>9</i> | |
| <i>Enright</i> | | <i>S</i> | <i>17</i> | |
| <i>Bourgeois, Norbert</i> | | <i>F</i> | <i>36</i> | |
| <i>Herbert Arvan</i> | | <i>C</i> | <i>34</i> | |
| <i>Y I Se</i> | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.O. | SHEET |
| Le Blanc, Julian | | 11 | 3 |
| COLOR | AGE | BIRTHPLACE | |
| W | 42 | | |
| COUNTY | Iberia | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Pearline | W | 34 | |
| Marnie | D | 19 | |
| Ellie | S | 13 | |
| Claud | S | 7 | |
| Robina | S | 3 | |
| Adin | D | 3/2 | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-----------------------------|---|--------------------|--------------------|
| <i>L-145</i> | HEAD OF FAMILY
<i>L. Blanc, Felise</i> | | E.D.
<i>132</i> |
| COLOR
<i>Mul</i> | AGE
<i>48</i> | SHEET
<i>47</i> | |
| COUNTY
<i>St. Martin</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>Corine</i> | | <i>D</i> | <i>20</i> |
| <i>Willie</i> | | <i>S</i> | <i>18</i> |
| <i>Cora</i> | | <i>D</i> | <i>16</i> |
| <i>Cecilia</i> | | <i>D</i> | <i>12</i> |
| <i>Celestine Agnes</i> | | <i>S D</i> | <i>9 1/2</i> |
| <i>L. Blanc Lucile</i> | | <i>S L</i> | <i>20</i> |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| 16 | | 29 | | | 49 13 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary E. | | W | 24 | | |
| William | | S | 6 | | |
| Bernice D. | | S | 1 | | |
| Alvin M. | | S | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|------------------|-----------------------|--------------------|
| 6145 | HEAD OF FAMILY | <i>L. Blanc Felix</i> | E.D. 5 SHEET 18 |
| COLOR
<i>W</i> | AGE
<i>72</i> | BIRTHPLACE | |
| COUNTY | <i>Ascension</i> | CITY | <i>Donaldville</i> |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>Olivia m.</i> | | <i>W</i> | <i>60</i> |
| <i>Albert</i> | | <i>S</i> | <i>32</i> |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|---------------------|-----|------------|
| LOUISIANA | | | |
| 6145 | HEAD OF FAMILY | | |
| Le Blanc Mrs Felix | E.D. 5 SHEET 9 | | |
| COLOR W | AGE 53 BIRTHPLACE | | |
| COUNTY Ascension | CITY Donaldsonville | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Alice | D | 23 | |
| Lancee | S | 21 | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|--|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Felix | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 38 29 | |
| W | 14 | | | | |
| COUNTY | | CITY | | | |
| | | Lafourche | | Thibodaux | |
| ENUMERATED WITH | | | | | |
| Le Blanc, George J | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18109-P81

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| 6445 | | HEAD OF FAMILY | | LOUISIANA | |
| La Blanc, Felix | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 36 20 | |
| W | 21 | | | | |
| COUNTY | Lafourche | CITY | | Thibodaux | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Laura a | | W | 24 | | |
| Torres Edward | | M | 23 | | |
| | | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------|--|------------|--|
| 2145 | | HEAD OF FAMILY | | Le Blanc, Felix | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 29 | | | | 30 16 | |
| COUNTY | | | | Iberia | | CITY | |
| | | | | | | New Iberia | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| 1 Lucie | | | | W | | 35 | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Felix | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 21 | | | | |
| COUNTY | Ascension | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / E. Anne | | W | 24 | | |
| Roy | | S | 1 | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| P-45 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Elia | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 6 | 53 | | | | |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clementine | | W | 43 | | |
| Zoe | | D | 15 | | |
| Rogers, Elsie | | W | 26 | | |
| Le Blanc, Mary | | S | 11 | | |
| Cecilia | | D | 7 | | |
| Willie | | S | 7 | | |
| Cecilia | | D | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | Felix | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 8 | 1 |
| W | 30 | | | | |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Gartuin | | W | 25 | | |
| Ailo | | D | 8 | | |
| Eise | | D | 6 | | |
| Masse | | S | 1 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 38 | | | 1 |
| COUNTY | | CITY | | SHEET | |
| Andra 1 | | Andra | | 13 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Matalie | | W | 32 | | |
| Lorne | | D | 13 | | |
| Lahra | | D | 7 | | |
| Henry | | S | 4 | | |
| Joison | | S | 5 | | |
| Augustin | | S | 2 | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|---|----------------|-----|------------|---------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | Le Blanc, Louisiana |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alcide | | s | 18 | | |
| | | | | | |
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FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 412 | | 55 | 20 |
| COUNTY | | | iberville | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bertha | | W | 38 | | |
| Mita | | D | 18 | | |
| Clara | | D | 11 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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| P. 45 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 25 | St. Mary | 90 | 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Franklin | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| John, Mother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOPM-DC 15125-P61

| | |
|--|--|
| LOUISIANA | |
| P-45 | NAME OF INDIVIDUAL
<i>Leblanc, Ferdinand</i> |
| E.D.
79 | SHEET
14 |
| COLOR
<i>W</i> | AGE
38 |
| BIRTHPLACE | |
| COUNTY
<i>Pointe Coupee</i> | CITY |
| ENUMERATED WITH
<i>Morrison Edward</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15C01M-DC 15100-P61

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|---|--|--|------|-----------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| *145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leblanc, Fernand | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 22 | 83 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pointe Cou | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leblanc, Ernest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO-46-DC 18106-P61

| | | | | | |
|-------------------------|---------|----------------|--------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. | SHEET |
| W | 26 | LeBlanc Ernest | | 143 | 21 |
| COUNTY | | CITY | | | |
| Vermillion | | Greysboro | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Selanie | W | 24 | | |
| | Henry | S | 10 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|--|--|----------------|--|------------------|--|------------|--|
| 2745 | | HEAD OF FAMILY | | Le Blanc Fernest | | LOUISIANA | |
| COLOR | | AGE | | E.D. | | SHEET | |
| W | | 25 | | 142 | | 5 | |
| BIRTHPLACE | | | | | | | |
| COUNTY | | | | CITY | | | |
| Vermillion
OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Italia | | W | | 20 | | | |
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FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--------------------------|---------------------------------------|-----------|------------|
| LOUISIANA | | | |
| L145 | HEAD OF FAMILY <i>Le Blanc, J. J.</i> | | |
| E.D. 1 | SHEET 27 | | |
| COLOR <i>W</i> | AGE 36 BIRTHPLACE | | |
| COUNTY <i>Assumption</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Leonice</i> | <i>W</i> | <i>39</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Flore | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 11 | | | | |
| COUNTY | | CITY. | | | |
| | | Terrebonne | | Houma | |
| ENUMERATED WITH | | | | | |
| Bacage, Chas W. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

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| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc Florence | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 9 34 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assumption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bernsichaux Rosalie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18195-P61

| | | | | | |
|---|---|---|----|--|---|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 69 | E.D. | 4 |
| | | BIRTHPLACE | | SHEET 11 | |
| COUNTY | | Ascension | | CITY | |
| | | | | Donaldville Village | |
| ENUMERATED WITH | | Le Blanc, Prosper | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
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<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

| | | | | | |
|--|-----|--------------------|--|-----------|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LeBlanc, Floroville | | F.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 70 | | | | |
| COUNTY | | CITY | | | |
| Lafayette | | | | | |
| ENUMERATED WITH | | | | | |
| LeBlanc, Edmund C. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc, Joseph P. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 48 | | | | |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Hraue | | W | 51 | | |
| Lemon | | S | 18 | | |
| Bertha | | D | 16 | | |
| Elizabeth | | D | 8 | | |
| Decton, Eve | | S. L. | 19 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----|--|---|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 10 | E.D. | 2 |
| | | BIRTHPLACE | | SHEET 19 | |
| COUNTY | | Acadia | | CITY | |
| ENUMERATED WITH | | | | | |
| Richard Edgar | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

| | | | | | |
|--|--|--|------------------|--|------------|
| 7145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 33 | Le Blanc Fortuna | | 28 16 |
| COUNTY | | | CITY | | |
| Jefferson | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc Ardois | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | | | | | | | |
|-------------------------|--|----------------|--|------------------|--|------------|--|
| L145 | | HEAD OF FAMILY | | Leblanc, Fortune | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 25 | | | | 47 12 | |
| COUNTY | | | | CITY | | | |
| Lafourche | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Leona | | W | | 23 | | | |
| Kabella | | D | | 5 | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Frank | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | | | | |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Blaiche | W | 33 | | | |
| Bonnel | S | 13 | | | |
| Eusodia | D | 8 | | | |
| Marina | D | 7 | | | |
| Conase | D | 4 | | | |
| Agnes | S | 2 | | | |
| Clyton | S | 1 | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| La Blanche Frank | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| tan | 37 | | | | |
| COUNTY | | Concordia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Suave | | w | 29 | | |
| Frank | | s | 8 | | |
| James | | s | 5 | | |
| Joni | | s | 3 | | |
| Ella | | D | 1 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 107 | BIRTHPLACE | Le Blanc, Frank |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Y I PA | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc Frank | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 51 29 | |
| W | 27 | | | | |
| COUNTY | | IBerville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|--|--|--|--|--|--|-----------------|--|
| L146
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>Le Blanc Frank</i> | | LOUISIANA
E. D. <i>149</i> | | SHEET <i>17</i> | |
| AGE
<i>17</i> | | BIRTHPLACE | | | | | |
| COUNTY
<i>St. Landry</i> | | | | CITY | | | |
| ENUMERATED WITH
<i>Hillary Joseph</i> | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

| | | | | | |
|-------------------------|--|-----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY. | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| | | 32 | | 127 | 3 |
| COUNTY | | | CITY | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary E. Grey | | C | 12 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-----------------|--------------|------|-------------|
| L-45 | HEAD OF FAMILY | | E.O. | SHEET |
| | Le Blanc Freddy | | 204 | 41 |
| COLOR | AGE | BIRTHPLACE | | |
| NR | NR | | | |
| COUNTY | Terebonne | | CITY | Nacogdoches |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| L. L. L. | | | | |
| Cable Walter | | 20 | 20 | |
| L. B. L. | | | | |
| Margaret M. L. | | 1 | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|---|----------------|------------------|
| P145 | | HEAD OF FAMILY | Le Blanc, France |
| | | E.O. | 51 |
| | | SHEET | 10 |
| COLOR | W | AGE | 21 |
| | | BIRTHPLACE | |
| | | Berelle | |
| COUNTY | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| 1 Audre | | B | 19 |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. |
| w | | 67 | | | 4 |
| COUNTY | | CITY | | SHEET | |
| Assumption | | | | 17 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Rola | | w | 61 | | |
| Marion Nelson | | GS | 10 | | |
| Edgard | | S-L | 30 | | |
| Julia | | D | 28 | | |
| Bertha | | GD | 8 | | |
| Logan | | GS | 4 | | |
| Walter | | GS | 2 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|---------------|-------|
| 445 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 35 | | 130 | 2 |
| COUNTY | | | St. Martin | CITY | |
| | | | | Breaux Bridge | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Fern | | W | 34 | | |
| / Alice E | | D | 13 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|-------------------|------------|
| L145 | HEAD OF FAMILY | Le Blanc Francois | |
| COLOR
W | AGE
22 | E.D. | SHEET |
| | | 76 10 | |
| COUNTY | Lafayette | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Agnassie | W | 21 | |
| Allie | S | 3 | |
| Latha | D | 2 | |
| Alex | S | 1 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>I145</i> | NAME OF INDIVIDUAL
<i>Leblanc, Fernier</i> | | E.D.
<i>7</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Guillory, Felix</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910B-P61

| | | | | | | | |
|-------------------------|---|----------------|----|----------------------|------------|------------|----|
| 245 | | HEAD OF FAMILY | | La Blane, Gabriel J. | | LOUISIANA | |
| COLOR | W | AGE | 57 | BIRTHPLACE | | P.D. | 20 |
| | | | | | | SHEET | 9 |
| COUNTY | | | | Iberia | CITY | | |
| | | | | | New Iberia | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angella | | | | W | 56 | | |
| Gabriel Jr. | | | | S | 32 | | |
| Edward | | | | S | 30 | | |
| Irma | | | | D | 27 | | |
| Clympe | | | | D | 25 | | |
| Alma | | | | D | 20 | | |
| Lucille | | | | D | 18 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|--------------|---------------|------------|-----------|---|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| 1-45 | | Lablanc Garry | | 76 | 3 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 23 | | | | |
| COUNTY | Iberia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Eliza | W | 28 | | | |
| Maria | D | 9 | | | |
| Reguines | D | 5 | | | |
| Orvis | D | 3 | | | |
| Luce | D | 6 | | | |
| Mela | D | 10/12 | | | |
| 1/2 Ler | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-----------|--|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| 1145 | | 181 | 18 | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 49 | | | | |
| COUNTY | St. Martin | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Elmore | W | 42 | | | |
| Omari | S | 22 | | | |
| Clayton | S | 20 | | | |
| Holden | S | 16 | | | |
| Edite | S | 13 | | | |
| | | | | | |
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U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|----------------|------------------|-------------------|-------|
| | | | E.D. | SHEET |
| 2145 | HEAD OF FAMILY | Le Blanc, George | | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 24 | | | |
| COUNTY | CONSENSION | CITY | Rosedaleville, La | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Alexis | W | 19 | | |
| | | | | |
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LOUISIANA

[illegible]

FORM 10-436 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 21 | | 50 | 4 |
| COUNTY | | | CITY | | |
| Brazoria | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Louise | | W | 21 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|--|--|--|-------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Lutane, Luigi</i> | | E.D.
<i>50</i> | SHEET
<i>9</i> |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | | | |
| COUNTY | | CITY
<i>Iberville</i> | | | |
| ENUMERATED WITH
<i>Truman, August L</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | | <input checked="" type="checkbox"/> NEPHEW | | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | | <input type="checkbox"/> NIECE | | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | | <input type="checkbox"/> FATHER-IN-LAW | | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | | <input type="checkbox"/> MOTHER-IN-LAW | | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | | <input type="checkbox"/> SON-IN-LAW | | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | | <input type="checkbox"/> DAUGHTER-IN-LAW | | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

| | | | | | | |
|-------------------------|----------------|--------------|--------------------|------------|------|-------|
| L 145 | HEAD OF FAMILY | | Le Blanc, George J | | E.D. | SHEET |
| | | | | | 38 | 29 |
| COLOR | AGE | BIRTHPLACE | | | | |
| W | 26 | | | | | |
| COUNTY | Lafourche | | CITY Thibodaux | | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| | Alma | W | 23 | | | |
| | Jessy | S | 3 | | | |
| | Felix | B | 14 | | | |
| | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | George P. |
| COUNTY | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Ernestine | | W | 27 | | |
| Daniel | | S | 9 | | |
| Elizabeth | | D | 5 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|-------|
| 2/14/5 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 21 | | | 65 | 32 |
| COUNTY | | CITY | | | |
| | | Lafayette | | | |
| ENUMERATED WITH | | Duson Village | | | |
| RELATIONSHIP TO ABOVE | | Dejean, Adolphe | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 10100-P01

LOUISIANA

| | | | | |
|--------------------------|--|---------------------------|------------|-------------|
| 45 | HEAD OF FAMILY
<i>Loplin George W</i> | | E.D.
53 | SHEET
15 |
| COLOR
<i>W</i> | AGE
52 | BIRTHPLACE
<i>Ala.</i> | | |
| COUNTY
Jackson | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Elizabeth</i> | | <i>W</i> | <i>52</i> | <i>Ala.</i> |
| <i>Glenn</i> | | <i>D</i> | <i>19</i> | |
| <i>Edna</i> | | <i>D</i> | <i>16</i> | |
| <i>Victor</i> | | <i>S</i> | <i>9</i> | |
| | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|---------|------------|-----------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | George W. |
| | | | | E.D. | 53 |
| | | | | SHEET 17 | |
| COUNTY | | | JACKSON | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ala R | | W | 24 | Miss. | |
| Lain E. | | D | 2 | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-----------------|------------|-------------|
| 2-145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Mississippi |
| COUNTY | St. Landry | | CITY Washington | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jennie | | D | 12 | | |
| Lussie | | D | 10 | | |
| Mamie | | D | 8 | | |
| Bessie | | D | 6 | | |
| Larner Odia | | Sis | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| 2-145 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------------|
| L415 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 49 | BIRTHPLACE | La Blone, Desner |
| COUNTY | Assumption | | CITY | E.D. | 10 |
| SHEET 6 | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Neely | H | 42 | | | |
| Edmond | W | 17 | | | |
| Kelbert | S | 15 | | | |
| Mona | S | 14 | | | |
| Jeannie | S | 12 | | | |
| Calie | S | 10 | | | |
| Bernadette | E | 4 | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| MEMBERS OF FAMILY | | CARD 2 OF 2 | |
|-------------------|--------------|----------------|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lacy | H | 7 | |
| Edith | S | 6 | |
| Gessner | S | 2 | |
| Jerry | S | $\frac{7}{12}$ | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D MAIL ROOM 15198-P01

15198-P81

2145 HEAD OF FAMILY *Le Blanc* LOUISIANA
 COLOR *B* AGE *28* BIRTHPLACE *Gillust* E.D. *71* SHEET *33*
 COUNTY *Lafayette* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------------|--------------|-----------|------------|
| <i>Alzina</i> | <i>W</i> | <i>22</i> | |
| <i>Howard</i> | <i>S</i> | <i>7</i> | |
| <i>Thomas</i> | <i>S</i> | <i>6</i> | |
| <i>Gilbert Jr.</i> | <i>S</i> | <i>4</i> | |
| <i>Kenady</i> | <i>S</i> | <i>2</i> | |
| <i>Estelle Marie</i> | <i>D</i> | <i>2</i> | |
| | | <i>12</i> | |
| | | | |

FORM 10-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 32 | Leblanc, Gilbert | | 22 | 5 |
| COUNTY | | | | | |
| Lafayette | | | CITY | | |
| | | | Broussard | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jane | | W | 26 | | |
| Louise | | D | 5 | | |
| Lola | | D | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|----------|
| 245 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | Gilbert |
| COUNTY | | | E.D. | 133 | SHEET 30 |
| Vermillion | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Winnie | W | 37 | | | |
| Ray | S | 16 | | | |
| Emma | S | 14 | | | |
| George | D | 12 | | | |
| James | D | 1 | | | |
| Frank | S | 8 | | | |
| Robert | S | 6 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

FORM 10-634e 14-27-81

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

5000000 15100000

| | | | | | |
|--|---|---|----|---|----|
| P. 45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 13 | BIRTHPLACE | |
| COUNTY | | | | E.D. | 59 |
| | | | | SHEET | 31 |
| ENUMERATED WITH | | | | CITY | |
| RELATIONSHIP TO ABOVE | | | | Pharr, Virginia | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16190-P01

| | | | | | |
|--|-----|---|--|--|-------|
| 245 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Wm. | 5 | Le Blanc Gilbert | | 17 | 7 |
| COUNTY | | | | | |
| ENUMERATED WITH | | City | | | |
| | | New Orleans | | | |
| RELATIONSHIP TO ABOVE | | Brown and Emma | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

7145

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 29 | | 139 26 |
| COUNTY | | CITY | |
| Vermillion | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Cain | W | 24 | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|----------|
| 845 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 66 | AGE | 30 | BIRTHPLACE | E.D. 139 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Etana | | W | 29 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | La Blance, Giles |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Minie | W | 30 | | | |
| Reynold | S | 3 | | | |
| Barnes | D | 1 | | | |
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FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|---|--|------------|--------------------|--------------------|
| 445 | NAME OF INDIVIDUAL
<i>Le Blanc Gladys</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>3</i> | BIRTHPLACE | E.D.
<i>133</i> | SHEET
<i>12</i> |
| COUNTY
<i>Vermillion</i> | | CITY | | |
| ENUMERATED WITH
<i>Mrs. Joseph</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|--|-----|---|--|--|-------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| MW | 11 | | | 1 | 7 |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| ENUMERATED WITH | | | | | |
| Napoleon Edward | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
ad. child | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1810B-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|----------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | NR | BIRTHPLACE | Le Blanc Grove |
| COUNTY | Not reg | | E.D. 51 | | |
| CITY | | SHEET 38 | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Celeste | W | NR | not reg | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|-----------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | E.D. 1364 |
| COUNTY | | Vermillion | | CITY Abbeville | |
| ENUMERATED WITH | | | | | |
| Lauchuck Mrs Euphronie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P81

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 77 | BIRTHPLACE | Le Blanc, Louisiana |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Noah | S | 33 | | | |
| Eleanor | DL | 33 | | | |
| Ginny | 2 D | 16 | | | |
| Josephine | 2 D | 6 | | | |
| Elphie | GS | 2 | | | |
| Bernice | GD | 1 1/2 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| K145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 29 | | | 20 | 6 |
| COUNTY | | CITY | | | |
| East Baton R. | | Baton Rouge | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 24 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|---|--|--|-------------------|
| 245
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>Le Blanc Gustave</i> | | LOUISIANA | |
| AGE
<i>62</i> | | BIRTHPLACE | | R.D.
<i>101</i> | SHEET
<i>4</i> |
| COUNTY
<i>Iberbonne</i> | | CITY | | | |
| ENUMERATED WITH
<i>Le Blanc Emile</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|---|---|---|---------|--|--|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | |
| COUNTY | | | E.D. 2 | | |
| Acension | | | SHEET 1 | | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Lombard | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-NC 1910-P61

| | |
|-----|----------------|
| 145 | HEAD OF FAMILY |
|-----|----------------|

| | | | | | |
|-------------------------|---|------------------------------|------|------------|---------|
| L145 | | HEAD OF FAMILY ²⁰ | | LOUISIANA | |
| COLOR | B | AGE | 47 | BIRTHPLACE | Houston |
| COUNTY | | | | E.D. | 121 |
| | | | | SHEET | 39 |
| St. Landry | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Orelene | | w | 35 | | |
| Adena | | d | 17 | | |
| Aryana | | s | 16 | | |
| Aryana | | d | 15 | | |
| Edna | | d | 13 | | |
| Jill | | d | 10 | | |
| Enoe | | s | 6 | | |

FORM 10436 (4-20-51)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

Alexander

3

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 15100-P01

HEAD OF FAMILY

| | | | | | |
|-------------------------|-----------|----------------|------|------------|---------|
| L-145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Mustane |
| COUNTY | Lafayette | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Angelia | | S | 80 | | |
| Albion | | S | 76 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L-145 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------------|
| P145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | Le Blanc Gustave |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Victoria | W | 42 | | | |
| China | S | 16 | | | |
| Terran | S | 15 | | | |
| Wanda | D | 11 | | | |
| Winger | D | 10 | | | |
| Leprice | S | 8 | | | |
| Lillian | D | 7 | | | |

FORM 10-635 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|----------------------------|--|-------------|
| HEAD OF FAMILY - CONTINUED | | LOUISIANA |
| OTHER MEMBERS OF FAMILY | | CARD 2 OF 2 |

CARD 2 OF 2

[illegible]

RELATION-
SHIP

AGE

BIRTHPLACE

Myrtle
- Gustave

5

2

1910 CENSUS INDEX - FAMILY (Continued)

150044-DC 10100-101

1910-1911

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 34 | Iberia | 11 7 |
| COUNTY | | | |
| CITY | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Constance | W | 28 | |
| Adelle | D | 5 | |
| Stella | L | 3 | |
| Esther | S | 1 1/2 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------------------|------------|-------------|
| L145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
32 | Le Blanc, Guyas Tejano | | SHEET
21 |
| COUNTY
Acadia / | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wilma | W | 50 | | |
| Emma | SD | 9 | | |
| Benjamin | SD | 6 | | |
| Marile | D | 26 | | |
| Frank | BM | 75 | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2-145 | | NAME OF INDIVIDUAL
<i>Le Blanc, H. C</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE | | E.D.
<i>132</i> | SHEET
<i>1</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Washington | | Bogalusa | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Dimitry, T. J.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&MS-DC 16199-P61

| | | | | | |
|---|-----------------|---|--|--|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Harold</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>2</i> | BIRTHPLACE | | E.D.
<i>110</i> | SHEET
<i>12</i> |
| COUNTY
<i>Ierrebonne</i> | | CITY | | | |
| ENUMERATED WITH
<i>Le Blanc, Hebert</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 67 | BIRTHPLACE | La Blane Larue |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ervitt | | W | 51 | | |
| Lucinda | | Wife | 12 | | |
| Mellie | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|---|-----|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 17 | E.D. | 135 |
| | | BIRTHPLACE | | SHEET 2 | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Braceur, Paul | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
H.M. | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18182-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Lilbourn, Harry J | | 50 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Iberville | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|----|----------------|------|------------------|--|-----------|----|
| 5045 | | HEAD OF FAMILY | | Leblanc, Herbert | | LOUISIANA | |
| COLOR | 11 | AGE | 26 | BIRTHPLACE | | E.D. | 21 |
| | | | | | | SHEET 10 | |
| COUNTY | | | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Anna | | 4 | 22 | | | | |
| Michelle | | 5 | 5 | | | | |
| Edgar | | 0 | 4 | | | | |
| Dudley | | 5 | 3 | | | | |
| Hazel | | 0 | 8/12 | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| 2145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 69 | | | 110 |
| COUNTY | | CITY | | |
| Terrebonne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Londry, Arthur | | ad. cl. | 17 | |
| LeBlanc, Ursin | | S | 34 | |
| Maries | | D. S. | 26 | Tex. |
| Sidney | | .75 | 7 | |
| Clyde | | .75 | 6 | |
| Harold | | .75 | 2 | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------------|-------------------|-----|------------|----------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafayette | | Hernandez | | E.O. 703 | SHEET 21 |
| COLOR
W | AGE
39 | BIRTHPLACE | | | |
| COUNTY
St. Landry | CITY
Bellefleur | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | |
| 1 Estelita | | 5 | 9 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|------------|-----------|----|
| 2745 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 14 | E.D. | 20 |
| | | BIRTHPLACE | | 3 | |
| COUNTY | | | CITY | | |
| Iberia | | | New Iberia | | |
| ENUMERATED WITH | | | | | |
| Fisher, Walter | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910CEN-DC 15195-P61

| | | | | | |
|--|---|---|----|---|----|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LeBlance, Hermine | | E.O. | | SHEET | |
| COLOR | B | AGE | 13 | 15 | 17 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | LeBlance, William | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 31 | | | 44 | 91 |
| COUNTY | | CITY | | | |
| Calcahou | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>Boarder</u> </div> </div> | | | | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|---|----------------|-----|---------------------|---|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 18 | E.D. | 6 |
| | | BIRTHPLACE | | SHEET 3 | |
| COUNTY | | Ascension | | CITY Donaldsonville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Martha | | M | 50 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 6145- | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 7 | E.D. | 132 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | 41 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Martin | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LeBlanc Adrian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18198-P61

| | | | | | |
|-------------------------|---|----------------|---------|------------|-----|
| 745 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 69 | BIRTHPLACE | Ala |
| COUNTY | | | Jackson | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. Eliza J | | W | 65 | Ala | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-----------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | Lafayette |
| COUNTY | | | CITY | Lafayette | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Ida | | W | 36 | | |
| Hilda | | D | 4 | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2745 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 27 | | | 100 | 16 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annette | | W | 25 | | |
| Bertha | | D | 5 | | |
| Lester | | S | 3 | | |
| Bonbrun Francis | | FL | 22 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Henry |
| COUNTY | | Tourebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Narcistia | | W | 29 | | |
| Milton | | S | 7 | | |
| Nedra | | S | 5 | | |
| Juddie | | S | 8/12 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------------|----------------|-------|------------|-------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 22 | | | 138 | 17 |
| COUNTY | West Baton Rouge | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Angelique | | W | 24 | | |
| / Henry 20 | | S | 8 1/2 | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Henry | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 45 | | | | |
| COUNTY | | Iberville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ida | | W | 34 | | |
| Adora | | | 12 | | |
| Raymond | | S | 14 | | |
| Allen | | S | 6 | | |
| Lus | | S | 3 | | |
| Alfred | | S | 3.2 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Le Blanc, Henry, Ind |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lizzie | | W | 32 | | |
| Albert | | S | 5 | | |
| Lynell | | S | 3 | | |
| Louis | | S | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|----------------------|------------|------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| N | | 35 | Le Blanc, Herwillien | | 65 |
| COUNTY | | Lafayette | | SHEET | |
| | | | | 21 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ada | | N | 35 | | |
| Angela | | L | 9 | | |
| Angella | | L | 7 | | |
| E. Rodie | | L | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 51 | E.O. | 27 |
| | | BIRTHPLACE | | SHEET | 10 |
| COUNTY | | | CITY | | |
| Jefferson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emillion | | W | 42 | | |
| John B | | S | 16 | | |
| Thomas | | S | 14 | | |
| Edwin | | S | 11 | | |
| Theodore | | O | 8 | | |
| Albert | | S | 6 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|-----|------------|---|
| #145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 56 | BIRTHPLACE | 1 |
| | | | | Homes | |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Rosele | W | 49 | | |
| | Altair | D | 21 | | |
| | Francis | D | 18 | | |
| | Jean | D | 16 | | |
| | Regina | D | 14 | | |
| | Engina | D | 12 | | |
| | Kilna | D | 11 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 52 | | | 7C |
| COUNTY | | CITY | | SHEET | |
| Lafayette | | Lafayette | | 12 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Marie | W | 51 | | | |
| Lion | S | 26 | | | |
| Ann | S | 20 | | | |
| Marie | S | 22 | | | |
| Paul | S | 19 | | | |
| Charles | S | 14 | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | |
|-------------------------|--|-----------------------------|--|------------------|--|----------------------|--|------------|--|
| 245
COLOR | | HEAD OF FAMILY
40
AGE | | 50
BIRTHPLACE | | LOUISIANA
E.D. 50 | | SHEET 15 | |
| COUNTY
Iberville | | | | CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Holmes | | | | W | | 30 | | | |
| | | | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------------|---|--|---|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>LeBlance, Horstace</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>7</i> | BIRTHPLACE | | E.D.
<i>158</i> | SHEET
<i>17</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>LeBlance, William</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>[Signature]</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18195-P61

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|----|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | E.D. | 46 |
| | | BIRTHPLACE | | SHEET 14 | |
| COUNTY | | Lafourche | | CITY | |
| | | | | Rockport | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Pauline | W | 42 | | |
| | Louis | S | 12 | | |
| | Anatole J | S | 8 | | |
| | Mary | D | 14 | | |
| | Anita | D | 10 | | |
| | Dolores | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 23 | | 133 | 4 |
| COUNTY | | | CITY | | |
| Vermillion | | | Ereth | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Horton | | W | 19 | | |
| Browns | | B | 13 | | |
| J. H. | | | | | |
| | | | | | |
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FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|--|--|------------------|-------------------|
| 1145 | | NAME OF INDIVIDUAL
<i>Le Blanc August</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>69</i> | BIRTHPLACE | | E.D.
<i>2</i> | SHEET
<i>1</i> |
| COUNTY
<i>Ascension</i> | | CITY | | | |
| ENUMERATED WITH
<i>Le Blanc Landry J.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input checked="" type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB-DC 16126-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 445 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | Hypolite | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 162 | 30 |
| u | 28 | | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|-------------------|
| 5145 | | NAME OF INDIVIDUAL
<i>Leblanc Ida</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>54</i> | BIRTHPLACE | | E.D.
<i>138</i> | SHEET
<i>6</i> |
| COUNTY
<i>West Baton Rouge</i> | | CITY | | | |
| ENUMERATED WITH
<i>Leblanc Alex</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>HL</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| | | | |
|-------------------------|----------------|------------|------------|
| 62-11595-P61 | | LOUISIANA | |
| L145 | HEAD OF FAMILY | | E.D. SHEET |
| | Lowland Eda | | 96 2 |
| COLOR | AGE | BIRTHPLACE | |
| B | 29 | Miss | |
| COUNTY | | CITY | |
| St. Tammany | | Covington | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|---|------------|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Ida | | E.D. | | SHEET | |
| COLOR | W | AGE | 4 | BIRTHPLACE | |
| COUNTY | | St. Mary | | CITY | |
| Franklin | | ENUMERATED WITH | | | |
| Ida | | Le Blanc | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

| | | | | | |
|--|---|---|------------|--|------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 13 | BIRTHPLACE | E.D. 140 SHEET 2 |
| COUNTY | | | Vermillion | CITY Kaplan | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Ermina | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
G C I | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16196-P61

LOUISIANA

| | | | | | |
|--|-----|---|----------|---|-------|
| 2145 | | NAME OF INDIVIDUAL | | E.D. | SHEET |
| | | Le Blanc Ignas | | 108 | 3 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 22 | | | | |
| COUNTY | | | CITY | | |
| St. Landry | | | Mebville | | |
| ENUMERATED WITH | | | | | |
| Le Blanc Joseph L | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (10-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P-1

LOUISIANA

| | | | | | |
|--|--|--|--|-----------|-------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Mary</i> | | ED.
56 | SHEET
12 |
| COLOR
<i>W</i> | AGE
<i>66</i> | BIRTHPLACE | | | |
| COUNTY
<i>Iberville</i> | | CITY
<i>Plaquemine</i> | | | |
| ENUMERATED WITH
<i>Grass, Irene</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> HUSBAND | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Si</i> | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|---|----------------|-------|------------|--|
| 115 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc, Inval | | E. D. | | 21 | |
| COLOR | W | AGE | 48 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angeline | | W | 38 | | |
| Lola | | W | 31 | | |
| Marta | | W | 15 | | |
| Elena | | W | 8 | | |
| Emilie | | W | 2 | | |
| Adie | | W | 3 | | |
| Louise | | W | 2 1/2 | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 2-15 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | 53 |
| COUNTY | | Jackson | | CITY | |
| | | | | Eros | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Linger | | A | 20 | | |
| Blanche | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|-------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Irene</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>30</i> | BIRTHPLACE | | ED.
<i>7</i> | SHEET
<i>2</i> |
| COUNTY
<i>Assumption</i> | | CITY | | | |
| ENUMERATED WITH
<i>Landry, Luke</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> BOARDER
<input type="checkbox"/> WIFE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE

1910 CENSUS INDEX - FAMILY

5445

HEAD OF FAMILY

LOUISIANA

E.D. SHEET

COLOR

AGE

BIRTHPLACE

COUNTY

Terrebonne

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Archie | h | 25 | |
| Maggie | 2 | 7 | |
| Agnes | 2 | 1 | |
| Chick | 2 | 3 | |
| Eugene | 2 | 1 | |
| | | | |
| | | | |
| | | | |

FORM 16-636 (10-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 545 | | HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| 20 | 54 | | | | |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Linda | | D | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | |
|---|---|--|--------------------|
| 2145 | NAME OF INDIVIDUAL
<i>Laflam Loral</i> | FD
<i>121</i> | SHEET
<i>40</i> |
| COLOR
<i>W</i> | AGE
<i>16</i> | BIRTHPLACE | |
| COUNTY
<i>St. Landry</i> | | CITY | |
| ENUMERATED WITH
<i>Guillory Paul</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> PRISONER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

JRCOMM-DC 16100-P-61

LOUISIANA

| | | | | |
|--|---|--|---------------|----------------|
| L145 | NAME OF INDIVIDUAL <i>Le Blanc, Ivory</i> | | E.O. <i>7</i> | SHEET <i>8</i> |
| COLOR <i>B</i> | AGE <i>5</i> | BIRTHPLACE | | |
| COUNTY | <i>Assumption</i> | CITY <i>Napoleonville</i> | | |
| ENUMERATED WITH <i>Hickman, Caroline</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Grand child</i> | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

15COM-DC 15109-P81

| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|--|
| Le Balance, Izora | | E.O. | SHEET | | |
| 153 | | 39 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 35 | | | | |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Emma | d | 23 | | | |
| Sidney | d | 17 | | | |
| Corine | d | 13 | | | |
| Joseph | s | 22 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|-----------------------|---|---|----|-------------|-------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | St. Charles |
| COUNTY | | CITY | | St. Charles | |
| ENUMERATED WITH | | Broussard, A. L. | | | |
| RELATIONSHIP TO ABOVE | | <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | | | |
|-------------------------|---|----------------|----|---------------|-----|------------|-----|
| 5745 | | HEAD OF FAMILY | | LeBlanc J. G. | | LOUISIANA | |
| COLOR | u | AGE | 40 | BIRTHPLACE | | E.D. | 111 |
| | | | | | | SHEET | 4 |
| COUNTY | | | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bertha | | | | u | 26 | | |
| Ethel | | | | D | 4 | | |
| John Jr | | | | S | 3 | | |
| Ruth | | | | D | 2 | | |
| Harry | | | | S | 0 | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|---------------|--|------------|-----|
| 2145 | | HEAD OF FAMILY | | Le Blanc J.A. | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | | E.D. | 133 |
| | | | | | | SHEET | 8. |
| COUNTY | | | | Vermillion | | CITY | |
| | | | | | | Buckner | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| William | | W | | 20 | | | |
| Joe | | S | | 12 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | |
|-------------------------|----------------|--------------|--------------|------------|-----------|--|
| L145 | HEAD OF FAMILY | | Le Blanc J.A | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | |
| W | 35 | | | 136 | 7 | |
| COUNTY | | | Vermillion | CITY | | |
| | | | | Abbeville | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Emerite | | W | 35 | | | |
| Bertha | | D | 9 | | | |
| Blanche | | D | 7 | | | |
| Georgette | | D | 5 | | | |
| Le Bonsoir | | D | 2 | | | |
| | | | | | | |
| ✓ 1 Se. | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|----------------|--|------------|-------|
| L 145 | | HEAD OF FAMILY | | Le Blanc J. D. | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | SHEET |
| W | | 34 | | | | 7 | 9 |
| COUNTY | | | | CITY | | | |
| Acadia | | | | Mermentau | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Marie | | w | | 26 | | | |
| Alpha | | s | | 10 | | | |
| Ada | | d | | 7 | | | |
| Edna | | d | | 4 | | | |
| Allie | | d | | 2 | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|--|
| LIYS | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, J. E. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 60 | | | | |
| COUNTY | | CITY | | | |
| Iberbonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Bridget | W | 45 | | |
| | Cecile | D | 18 | | |
| | Gertrude | D | 16 | | |
| | Anthony | S | 12 | | |
| | Evelyn | D | 8 | | |
| | Joseph | S | 5 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|----------------------------|---|--------------|-------------------------------|
| <i>L145</i> | HEAD OF FAMILY
<i>A. B. Blease J. E.</i> | | E.D. <i>1</i> SHEET <i>15</i> |
| COLOR
<i>N</i> | AGE
<i>39</i> | BIRTHPLACE | |
| COUNTY
<i>Ascension</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE BIRTHPLACE |
| <i>1</i> | <i>Lillie</i> | <i>W</i> | <i>30</i> |
| <i>1</i> | <i>Ana</i> | <i>D</i> | <i>10</i> |
| <i>1</i> | <i>Jessie</i> | <i>S</i> | <i>5</i> |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----|--------------------|------|------------|-------|
| *145 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | LeBlanc, Jr. J. C. | | 137 | 19 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 50 | | | | |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Irene | | W | 40 | | |
| Rita | | D | 19 | | |
| Ethel | | D | 15 | | |
| Virgin | | D | 10 | | |
| | | | | | |
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| *1 H m | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-----------------------------|--|--------------|------------------|
| 2145 | HEAD OF FAMILY
<i>Le Blanc J. Farnest</i> | | E.D. 135 SHEET 1 |
| COLOR
<i>W</i> | AGE
<i>34</i> | BIRTHPLACE | |
| COUNTY
<i>Vermillion</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE BIRTHPLACE |
| | <i>Clema</i> | <i>W</i> | <i>25</i> |
| | <i>Sheldon</i> | <i>S</i> | <i>10</i> |
| | <i>Laurton</i> | <i>S</i> | <i>4</i> |
| | <i>Chloe</i> | <i>D</i> | <i>2</i> |
| | | | |
| | | | |
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| | | | |

8 1 H 711

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|-------------------------|--|----------------|--|--------------|--|------------|--|
| 745 | | HEAD OF FAMILY | | Le Blanc J J | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 32 | | | | 136 16 | |
| COUNTY | | | | Vermillion | | CITY | |
| | | | | | | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Marie | | W | | 28 | | | |
| Vera | | D | | 5 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | |
|-----------------------------|---|------------|-------------|------------|
| 4145 | HEAD OF FAMILY
<i>LeBlanc J Leonce</i> | | E.D.
108 | SHEET
1 |
| COLOR
<i>W</i> | AGE
<i>57</i> | BIRTHPLACE | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Bertille</i> | <i>W</i> | <i>54</i> | | |
| <i>Bessie</i> | <i>D</i> | <i>17</i> | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | |
|-------------------------|----------------------|------------|
| 5145 | HEAD OF FAMILY | E.D. SHEET |
| | LeBlanc Jr. J. Lamar | 108 1 |
| COLOR | AGE | BIRTHPLACE |
| W | 32 | |
| COUNTY | CITY | |
| Terrebonne | | |
| OTHER MEMBERS OF FAMILY | | |
| NAME | RELATIONSHIP | AGE |
| 1 Felicia | W | 30 |
| Julia | D | 5 |
| | | |
| | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|--------------|-----------------|
| L145 | HEAD OF FAMILY | | Le Blanc, J. M. |
| E.D. | 30 | | SHEET 2 |
| COLOR | AGE | BIRTHPLACE | |
| W | 56 | | |
| COUNTY | Catahoula | | CITY Kinder |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| Cloud | | S | 21 |
| Thos. | | S | 17 |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | |
|-----------------------------|---|----------------------|-------------|------------|
| C145 | HEAD OF FAMILY
<i>Le Blanc J. B.</i> | | E.D.
133 | SHEET
6 |
| COLOR
<i>a</i> | AGE
42 | BIRTHPLACE | | |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Erath</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Emma</i> | <i>h</i> | <i>38</i> | | |
| <i>Louise G. S.</i> | <i>S</i> | <i>24</i> | | |
| <i>police</i> | <i>D</i> | <i>20</i> | | |
| <i>Le Blanc, police</i> | <i>S</i> | <i>17</i> | | |
| <i>Deputy</i> | <i>S</i> | <i>11</i> | | |
| <i>man</i> | <i>D</i> | <i>4</i> | | |
| <i>spade</i> | <i>D</i> | <i>1 1/2</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

4 4 ho.

| | | | LOUISIANA | |
|---|--------------------|------------|-----------|-------|
| L 145 | NAME OF INDIVIDUAL | | E.O. | SHEET |
| | Loflin, Jackson | | 42 | 9 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 11 | | | |
| COUNTY | | CITY | | |
| Calcasieu | | | | |
| ENUMERATED WITH | | | | |
| Loflin, Leonard R. | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>stepson</u> </div> </div> | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| | | | |
|--|---|--|-------|
| 2145 | | LOUISIANA | |
| NAME OF INDIVIDUAL | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| COUNTY | Iberia | | CITY |
| ENUMERATED WITH | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P81

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 38 | Lafayette | | 133 20 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Helen | | W | 38 | | |
| Edwin | | S | 16 | | |
| Lorena | | S | 15 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|---|------------|------------|
| 2145 | HEAD OF FAMILY
<i>Le Blanc Jacob</i> | | |
| E.O.
133 | SHEET
28 | | |
| COLOR
16 | AGE
40 | | |
| BIRTHPLACE | | | |
| COUNTY
Vermillion | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Elida</i> | <i>D</i> | <i>25</i> | |
| <i>Harv.</i> | <i>S</i> | <i>25</i> | |
| <i>Larv.</i> | <i>S L</i> | <i>21</i> | |
| <i>Arv.</i> | <i>S</i> | <i>17</i> | |
| <i>Bernard</i> | <i>S L</i> | <i>3.3</i> | |
| <i>J H Jr</i> | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF

Remington Rand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
ORANGES EVERYWHERE

Squidex
QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

| | |
|-------------------------|--|
| LOUISIANA | |
| L145 | HEAD OF FAMILY
<i>Le Blanc, James</i> |
| E.D.
38 | SHEET
4 |
| COLOR
<i>W</i> | AGE
37 |
| BIRTHPLACE | |
| COUNTY
Calcasieu | CITY
<i>Lake Charles City</i> |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| | AGE |
| | BIRTHPLACE |
| <i>Anna</i> | <i>W</i> |
| | <i>34</i> |
| <i>Luther</i> | <i>S</i> |
| | <i>12</i> |
| <i>Lethy</i> | <i>D</i> |
| | <i>10</i> |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|-----|----------------|-----------|------------|
| 5145 | | HEAD OF FAMILY | | E.D. 18 |
| Le Blanc James | | | | SHEET 21 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 50 | | | |
| COUNTY | | CITY | | |
| Iberia | | New Iberia | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| + 1 Lodger | | | | |
| | | | | |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL
<i>LeBlanc James</i> | | E.D.
<i>142</i> | SHEET
<i>15</i> |
| <i>2145</i>
COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE | |
| COUNTY
<i>Vermillion</i> | | CITY | |
| ENUMERATED WITH
<i>LeBlanc John</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-NC 18198-P61

| | | | LOUISIANA | |
|-------------------------|-----------------|------------|------------|--|
| HEAD OF FAMILY | E.D. | SHEET | | |
| L145 | Le Blanc, James | 59 | 6 | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 32 | | | |
| COUNTY | CITY | | | |
| Iberville | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | W | 22 | | |
| James Jr. | S | 4 | | |
| Myrtle | S | 1 | | |
| Louise Captain | B.T. | 27 | | |
| Pauline | S | 22 | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (6-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-----------|--|
| HEAD OF FAMILY | | | E.D. | SHEET | |
| P. 45 | | | 71 | 16 | |
| COLOR | AGE | BIRTHPLACE | | | |
| 16 | 26 | | | | |
| COUNTY | St. James | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1. [illegible] | W | 22 | | | |
| 2. [illegible] | D | 7 | | | |
| 3. [illegible] | S | 3 | | | |
| 4. [illegible] | D | 2 | | | |
| 5. [illegible] | D | 1/2 | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|------------|-------------------|-----------------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| L145- | | Haplemon James D. | | 112 8 | |
| COLOR | W | AGE | 43 | BIRTHPLACE | |
| COUNTY | St. Landry | | CITY Washington | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Virginia | | W | 38 | | |
| Lucille | | D | 8 | | |
| Hudson | | S | 7 | | |
| Edison | | S | 5 | | |
| Elum | | D | 1 | | |
| + one boarder | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-------------|-----------------|------|------------|-------|
| L-45 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lafine James H. | | 53 | 15 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 39 | Ala | | | |
| COUNTY | | | CITY | | |
| Jackson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Elizabeth F | W | 30 | Miss. | |
| | Victor | S | 9 | | |
| | Gladys A. | D | 7 | | |
| | Myrtle | D | 5 | | |
| | Albi | S | 3 | | |
| | Elbert | S | 1 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|--|----------------|--|----------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | Laffin Paul M. | | E.D. | SHEET |
| COLOR | | AGE | | BIRTHPLACE | | 62 | 14 |
| W | | 46 | | | | | |
| COUNTY | | | | CITY | | | |
| Grant | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | | | |
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FORM 10-636 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-----------------------------|---|--------------|------------|-------------|
| L145 | HEAD OF FAMILY
<i>LeBlanc James R.</i> | | E.D.
10 | SHEET
23 |
| COLOR
<i>W</i> | AGE
<i>46</i> | BIRTHPLACE | | |
| COUNTY
<i>Assumption</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | <i>Cristine</i> | <i>W</i> | <i>36</i> | |
| | <i>Westly</i> | <i>S</i> | <i>18</i> | |
| | <i>Barney</i> | <i>S</i> | <i>17</i> | |
| | <i>Dallas</i> | <i>S</i> | <i>13</i> | |
| | <i>Delta</i> | <i>D</i> | <i>9</i> | |
| | <i>Gilda</i> | <i>D</i> | <i>7</i> | |
| | <i>Laura</i> | <i>D</i> | <i>5</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

L145

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

NAME

RELATIONSHIP

AGE

BIRTHPLACE

1 Mand

5

3

FORM 10-634a 14 JAN 61

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - FAMILY (Continued)

1950-1951-1952-1953

LOUISIANA

| | | | |
|--|--|--|-------|
| 245 | NAME OF INDIVIDUAL | E.O. | SHEET |
| | Le Blanc, Jane | 28 | 16 |
| COLOR | AGE | BIRTHPLACE | |
| W | 22 | | |
| COUNTY | | CITY | |
| | | | |
| ENUMERATED WITH | | | |
| Le Blanc Ardonis | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|--------------|----------------|------------|------|-------|
| 5145 | | HEAD OF FAMILY | | Le Blanc, Jane | | E.D. | SHEET |
| COLOR | Man | AGE | 23 | BIRTHPLACE | | | |
| COUNTY | | | Iberville | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lives alone | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 443 | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Jean | | 140 | 17 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Audry, Romaine | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input checked="" type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-561

| | | | | | |
|--|---|--------------------|--|------------|---------|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | E.D. 39 |
| COUNTY | | | SHEET 26 | | |
| COUNTY | | | LaFourche | | |
| ENUMERATED WITH | | | CITY | | |
| RELATIONSHIP TO ABOVE | | | Matern, Anatole | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

U.S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

5145

| | | | |
|-------------------------|--------------|-----------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | E.D. | SHEET |
| W | 48 | 105 | 26 |
| BIRTHPLACE | | | |
| COUNTY | | CITY | |
| Terrebonne | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Alcida | W | 48 | |
| Edward | S | 17 | |
| Stella | D | 14 | |
| Milton | S | 12 | |
| Clarence | S | 7 | |
| Charley | S | 3 | |
| Raducan, Anita | D | 19 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|--|-----|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 65 | E.D. | 105 |
| | | BIRTHPLACE | | SHEET 10 | |
| COUNTY | | | CITY | | |
| Sl. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Richard, Anastasia | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
lab | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| 145 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 52 | | | 12 | 15 |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Clarence | w | 49 | | | |
| Onesime | s | 18 | | | |
| Marceline | d | 16 | | | |
| Domizia | d | 13 | | | |
| Delizia | d | 11 | | | |
| Alcous | s | 9 | | | |
| Althia | s | 5 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blance, Jan Bats | | E.D. 153 | | SHEET 17 | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 43 | | | | |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | w | 38 | | |
| Leontine | | d | 14 | | |
| Freddy | | s | 5 | | |
| Lee | | s | 3 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L 145 | NAME OF INDIVIDUAL
<i>La Blane Jeanette</i> |
| E.D.
10 | SHEET
26 |
| COLOR
<i>B</i> | AGE
12 |
| BIRTHPLACE | |
| COUNTY
<i>Acadia</i> | CITY
<i>Crowley</i> |
| ENUMERATED WITH
<i>La Blane Orrilina</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>adopted</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15C0111-00 15105-P61

| | |
|--|---|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL
<i>Le Blanc, Jennie</i> |
| E.D.
65 | SHEET
19 |
| COLOR
<i>N</i> | AGE
22 |
| BIRTHPLACE | |
| COUNTY
<i>Lafayette</i> | CITY |
| ENUMERATED WITH
<i>Heber, George</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

| | | | | | |
|-------------------------|----------|----------------|------|------------|--|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blane, Jim | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 28 | | | | |
| COUNTY | Ouachita | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lemon | | W | 22 | Ark | |
| Bessie | | D | 3 | | |
| 2 Bc | | | | | |
| | | | | | |
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FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|-----------------|--------------|-----------|------------|
| L 145 | HEAD OF FAMILY | | E.O. | SHEET |
| | To Biano, Jason | | 74 | 6 |
| COLOR | AGE | BIRTHPLACE | | |
| Wh | 34 | | | |
| COUNTY | | CITY | | |
| Lafayette | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| a. Drinn | | Li | 22 | |
| | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL
<i>LeBlanc, Joe</i> |
| E.O.
71 | SHEET
34 |
| COLOR
<i>W</i> | AGE
7 |
| BIRTHPLACE | |
| COUNTY
<i>Lafayette</i> | CITY |
| ENUMERATED WITH
<i>LeBlanc, Lucas A.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Orphan</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | | | |
|-------------------------|----------|----------------|-----|--------------|--|-------------------|--|
| L145 | | HEAD OF FAMILY | | Le Blanc Joe | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. 136 SHEET 40 | |
| COUNTY | | Vermillion | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Leza | L | 36 | | | | |
| | Reenie | D | 20 | | | | |
| | Jules | S | 18 | | | | |
| | Cleomore | S | 16 | | | | |
| | Claud | S | 13 | | | | |
| | Pippie | D | 10 | | | | |
| | Fannie | D | 8 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 14 20 61

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15 COMNAV-PC 15100-001

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|--------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 38 | La Blane Joe | 102 | 9 |
| COUNTY | | Terrebonne | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | W | 36 | | |
| Lillian | D | 17 | | |
| Edna | D | 15 | | |
| Eva | D | 11 | | |
| Rola | D | 9 | | |
| Agate | D | 7 | | |
| Jessie | S | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 15198-P61

| | | | | LOUISIANA | |
|----------------------------|---------------------------------------|--------------|-----------|------------|------------|
| L145 | HEAD OF FAMILY
<i>Le Blanc Joe</i> | | | E.D.
6 | SHEET
2 |
| COLOR
<i>B</i> | AGE
27 | BIRTHPLACE | | | |
| COUNTY
<i>Ascension</i> | CITY
<i>Ronaldenville</i> | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>— Alberta</i> | | <i>10</i> | <i>20</i> | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| X145 | HEAD OF FAMILY | | E.D. | SHEET |
| | Le Blanc, Joe | | 110 | 21 |
| COLOR | AGE | BIRTHPLACE | | |
| White | N.R. | | | |
| COUNTY | | CITY | | |
| Terrebonne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Lilly | | W | N.R. | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L145 | HEAD OF FAMILY | E.D. | SHEET |
| | Le Blanc Joe | 5 | 7 |
| COLOR | AGE | BIRTHPLACE | |
| B | 37 | | |
| COUNTY | CITY | | |
| Ascension | Ronaldsonville | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Elizabeth | W | 35 | |
| Charles | S | 18 | |
| Wilfred | S | 17 | |
| Clifford | S | 5 | |
| Esters | S | 13 | |
| Calaherd | S | 14 | |
| Raven | S | 7 | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION
SHIP | AGE | BIRTHPLACE |
|----------|------------------|-----|------------|
| 1 Agathe | 0 | 2 | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE : 1910-1-68

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanch | | Joe | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 53 | | | | |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Leo | | 3 | 17 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 28 | | | 98 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ST. Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landry, Ernest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

| | | | |
|--------------------------|---------------------------------------|-----------|------------|
| LOUISIANA | | | |
| L45 | HEAD OF FAMILY <i>Le Blanc Joe G.</i> | | |
| E.D. 136 | SHEET 7 | | |
| COLOR <i>W</i> | AGE <i>35</i> | | |
| BIRTHPLACE | | | |
| COUNTY <i>Vermillion</i> | CITY <i>Abbeville</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Elena</i> | <i>W</i> | <i>33</i> | |
| <i>Raul</i> | <i>D</i> | <i>18</i> | |
| <i>Laura</i> | <i>D</i> | <i>10</i> | |
| <i>Claude</i> | <i>S</i> | <i>9</i> | |
| <i>Marie</i> | <i>D</i> | <i>4</i> | |
| | | | |
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|-------------------------|-----|----------------|------|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Joe M | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 28 | | | | |
| COUNTY | | | CITY | | |
| ACADIANA | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emili | | W | 27 | | |
| Joseph Jr | | S | 3 | | |
| Phillip | | S | 2 | | |
| | | | | | |
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FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|----------------------------|---------------------------------------|------------|-----------------|
| 2145 | HEAD OF FAMILY
Le Blanc, Johnchain | | E.D. 34 SHEET 3 |
| COLOR
W | AGE
5 | BIRTHPLACE | |
| COUNTY
East Baton Rouge | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ailine | W | 56 | |
| John A | S | 23 | |
| Walter | S | 21 | |
| Buckner | S | 18 | |
| Lewis | S | 17 | |
| Timothy | S | 15 | |
| Mary | D-L | 23 | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF

Ramington Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
BRANCHES EVERYWHERE

Soundex
QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

2145

| | | | | | |
|-------------------------|------------|----------------|-------|------------|--|
| HEAD | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, John | | E.O. | | SHEET | |
| COLOR | B | AGE | 27 | BIRTHPLACE | |
| COUNTY | Assumption | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elvinia | | W | 24 | | |
| Clarence | | S | 1 1/2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 245 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblance, John | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | Ark | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Minnie E | | W | 38 | Mo. | |
| Ernest | | S | 16 | | |
| Mollie | | D | 10 | | |
| Garty | | D | 5 | | |
| | | | | | |
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|--|---|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL <i>Le Blanc John</i> |
| E.O. 57 | SHEET 12 |
| COLOR <i>W</i> | AGE <i>29</i> BIRTHPLACE |
| COUNTY <i>Cameron</i> | CITY |
| ENUMERATED WITH <i>Wright, Edgar L.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) <i>W. H. Paul</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|-------------------------|--|---------------------------|------------|------------|-------------|
| RUS | | HEAD OF FAMILY
LeBlanc | | LOUISIANA | |
| COLOR
W | | AGE
30 | BIRTHPLACE | E.D.
23 | SHEET
27 |
| COUNTY
Iberia | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | |
| Eugenie | | W | 20 | | |
| Chloe | | D | 9 | | |
| Carmetta | | D | 8 | | |
| Camillean | | D | 7 | | |
| Lydia | | D | 6 | | |
| Agnes | | D | 5 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Li Blanc John | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 24 | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Mary | | W | 22 | | |
| Bukis | | S | 3 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, John</i> | | LOUISIANA | |
| E.D.
<i>134</i> | | SHEET
<i>1</i> | | | |
| COLOR
<i>W</i> | AGE
<i>14</i> | BIRTHPLACE | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | |
| ENUMERATED WITH
<i>Meau, Felix</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

JSCOPM-DC 18104-P61

| LOUISIANA | | | |
|-------------------------------|---|---------------------------|-------------|
| L145 | HEAD OF FAMILY
<i>Laufline, John</i> | | E.D.
143 |
| COLOR
<i>W</i> | AGE
<i>55</i> | BIRTHPLACE
<i>Miss</i> | |
| COUNTY
<i>West Carroll</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Living Alone</i> | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|------------------------|-------------------|-----|------------|
| L145 | HEAD OF FAMILY | | |
| Leblanc, John | E.D. 61 SHEET 12 | | |
| COLOR W | AGE 43 BIRTHPLACE | | |
| COUNTY | CITY | | |
| BORN MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Mary | W | 33 | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| La Blanc | | John | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | | | | |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | W | 31 | | |
| Lous | | S | 3 | | |
| Eva | | D | 2 | | |
| Edna | | D | 3 1/2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|---|----------------|--------------|------------|------------|-------|--|
| L145 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| L145 | | Labiane John | | 29 | | 5 | |
| COLOR | W | AGE | 37 | BIRTHPLACE | | | |
| COUNTY | | | Jefferson | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Mary | | | W | 37 | | | |
| Dorin Labiane | | | explan | 14 | | | |
| Labiane Labis | | | S | 10 | | | |
| Margaret | | | D | 8 | | | |
| Thelma | | | D | 6 | | | |
| Lerna | | | D | 3 | | | |
| Grace | | | D | 2 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

CARD 2 OF 2

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

| | | | |
|---|-------|---|----|
| 1 | Subst | 0 | 24 |
| 1 | Prob | 5 | 27 |

1910 CENSUS INDEX . FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REF ID: A62026

LOUISIANA

| | | | | |
|---|---|---|-------------|-------------|
| 2145 | NAME OF INDIVIDUAL
<i>Leblanc John</i> | | E.D.
141 | SHEET
22 |
| COLOR
W | AGE
19 | BIRTHPLACE | | |
| COUNTY
Vermillion | | CITY | | |
| ENUMERATED WITH
<i>Harrington Jasper</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>H.Y.</i> | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18105-P61

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| 2145 | HEAD OF FAMILY | | E.D. |
| COLOR | AGE | BIRTHPLACE | SHEET |
| 76 | 75 | 4. Vance | 2 |
| COUNTY | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lemayrille | W | 76 | Canada |
| | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 72 | | 47 | | 58 | 2 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / | Mary A | w | 21 R. | | |
| / | Archie | s | 17 | | |
| / | Lawrence | s | 16 | | |
| / | Artine | d | 14 | | |
| / | Ethel | d | 8 | | |
| / | Albert | s | 6 | | |
| / | Larone | d | 4 | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|------------|------------|
| / <i>Lucene</i> | <i>s</i> | <i>2</i> | |
| <i>Corine</i> | <i>d</i> | <i>1/2</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REPRODUCED FROM 14100-2-61

| | | | | | |
|-------------------------|---|----------------|------------|------------|-------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | John | | E.D. | SHEET |
| COLOR | W | AGE | 43 | 133 | 34 |
| BIRTHPLACE | | | | | |
| COUNTY | | | Vermillion | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cicilia | | W | 53 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| R145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | LeBlanc John | | E.D. | SHEET |
| | | | | 142 | 15 |
| COLOR | W | AGE | 26 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cyrille | | B | 20 | | |
| Loulou | | B | 17 | | |
| James | | BL | 27 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|------------------|-----|------------|-------|
| 5145 | | HEAD OF FAMILY | | Le Blanc John J. | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | SHEET |
| W | | 47 | | | | 100 | 18 |
| COUNTY | | | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | | | Si | 56 | | |
| | | | | | | | |
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FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|---|--------------------|--------------------|
| 445 | NAME OF INDIVIDUAL
<i>Le Blanc John</i> | | E.O.
<i>102</i> | SHEET
<i>31</i> |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | |
| ENUMERATED WITH
<i>Theriot Albert</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>HLg</i> | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-961

| | | | | | |
|-------------------------|-----------|-----------------------|-----------|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | <i>Le Blanc, John</i> | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>W</i> | <i>34</i> | | | | |
| COUNTY | | | CITY | | |
| <i>Terrebonne</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>/ Leach</i> | | <i>W</i> | <i>35</i> | | |
| <i>/ Kessie</i> | | <i>D</i> | <i>7</i> | | |
| <i>/ Kessie, Homer</i> | | <i>FL</i> | <i>68</i> | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 245 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc | | John | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| A. | 59. | | | | |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Juliana | | W | 28 | | |
| Frank | | S | 9 | | |
| John | | S | 7 | | |
| Loretta | | S | 6 | | |
| Terrebonne | | S | 4 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----------|---|--|--|-------------|
| 145 | | NAME OF INDIVIDUAL
<i>La Blanc John</i> | | E.D.
10 | SHEET
25 |
| COLOR
<i>W</i> | AGE
15 | BIRTHPLACE | | | |
| COUNTY
<i>Ascension</i> | | CITY | | | |
| ENUMERATED WITH
<i>William Geo. C</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Orphan</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15183-P61

LOUISIANA

| | | | | | |
|--|-----------|---|------|---|-------------|
| P145 | | NAME OF INDIVIDUAL
<i>Le Blanc John</i> | | E.D.
10 | SHEET
15 |
| COLOR
W | AGE
50 | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| ENUMERATED WITH
<i>Le Blanc Frank</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>8</i> | |

FORM 10-637 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Blanc, John | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 44 | | | | |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | w | 50 | | |
| Albert | | s | 22 | | |
| Boudreau, Triville | | ss | 23 | | |
| Flournoy | | SD | 17 | | |
| + 1 Bo | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Li. Beane | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| | | | | | |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. [illegible] | | u | 50 | | |
| 2. [illegible] | | 5 | 22 | | |
| Bond [illegible] | | 3-2 | 22 | | |
| 1. [illegible] | | 3-4 | 14 | | |
| [illegible] | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------|------------|--|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, John | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 27 | | | | |
| COUNTY | St. Mary | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mother | | W | 26 | | |
| Augusta | | D | 4 | | |
| Edward | | S | 2 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|-----|------------|--|
| L-145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc John | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 36 | | | | |
| COUNTY | Acadia | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Breast Emma | | w | 38 | | |
| 1 Amanda | | d | 14 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------|------------|--|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| J. L. Jones | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 52 | J. L. Jones | | | |
| COUNTY | St. Mary | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. L. Jones | | W | 51 | | |
| J. L. Jones | | S | 23 | | |
| J. L. Jones | | S | 27 | | |
| J. L. Jones | | L | 15 | | |
| J. L. Jones | | L | 12 | | |
| J. L. Jones | | L | 11 | | |
| J. L. Jones | | L | 9 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | John C | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 22 | | | | |
| COUNTY | | CITY | | | |
| Cameron | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Adeline | | W | 19 | | |
| / Ler | | S | 3 | | |
| Barnard John C | | B-L | 21 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-----------------------------|--|------------|-------------|
| L145 | HEAD OF FAMILY
<i>Le Blanc, John C.</i> | | E.D.
109 |
| COLOR
<i>W</i> | AGE
49 | BIRTHPLACE | |
| COUNTY
<i>St. Landry</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Celia</i> | <i>W</i> | <i>45</i> | |
| <i>Lynore</i> | <i>S</i> | <i>25</i> | |
| <i>Cora</i> | <i>D</i> | <i>20</i> | |
| <i>Arthur</i> | <i>S</i> | <i>18</i> | |
| <i>Lissy</i> | <i>S</i> | <i>16</i> | |
| <i>Elmer</i> | <i>S</i> | <i>14</i> | |
| <i>Frank</i> | <i>S</i> | <i>12</i> | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------|-------------------|-----|------------|
| Merrick | S | 10 | |
| May | D | 8 | |
| Plives | S | 6 | |
| Everette | S | 4 | |
| | | | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15108-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| E. D. | | SHEET | | 49/11 | |
| COLOR | W | AGE | 30 | BIRTHPLACE | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Louise | | W | 34 | | |
| Thos | | S | 6 | | |
| S. M. | | S | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|--------------------|-----------------|------------|
| | | LOUISIANA | |
| L145 | NAME OF INDIVIDUAL | | E.D. SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 55 | | |
| COUNTY | | CITY | |
| | | Lafayette | |
| ENUMERATED WITH | | Stephens, Louis | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>Bo.</u> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, John C. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | | | | |
| COUNTY | | CITY | | | |
| Lafayette | | Lafayette | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sophie | | W | 33 | | |
| Rousseau | | S | 5 | | |
| William | | S | 4 | | |
| Willie | | S | 4 | | |
| Simon | | S | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|-------------------|------------|-------------|
| 6445- Le Blanc Jean R | | LOUISIANA | |
| COLOR
W | AGE
44 | E.D.
76 | SHEET
12 |
| COUNTY
Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
| Ezra | W | 36 | |
| Louis | D | 9 | |
| Mattie | D | 6 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Johnson | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 45 | | | | |
| COUNTY | | CITY | | | |
| Acadia | | Rayne | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Jean J. | D | 11 | | |
| | Linne P. | D | 8 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|---------|------------|--|
| 445 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc, Joisan | | E.O. | | 56 | |
| COLOR | M | AGE | 56 | BIRTHPLACE | |
| COUNTY | | | Cameron | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 48 | | |
| Alcide | | S | 18 | | |
| Elsie | | S | 17 | | |
| Elizabeth | | D | 16 | | |
| Arthur | | S | 14 | | |
| Robert | | S | 12 | | |
| Ella | | D | 10 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 15100-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L/45 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Joissan | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 8 26 | |
| W | 70 | | | | |
| COUNTY Assumption | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angelina | | W | 65 | | |
| Lodie | | D | 29 | | |
| Nelson | | S | 21 | | |
| Maurice | | S | 20 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Deblanc, Joseph | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 55 | | | | |
| COUNTY | | CITY | | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Margaret | | W | 53 | | |
| Clemence | | D | 20 | | |
| Joseph, Jr. | | S | 17 | | |
| Robert, Elian | | GC | 16 | | |
| Elian | | GC | 10 | | |
| Harris | | GC | 7 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-----------------------------|---|---------------------------------|------------------|-------------------|
| L 145 | HEAD OF FAMILY
<i>Le Blanc, Joseph</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE
<i>Assumption</i> | E.D.
<i>2</i> | SHEET
<i>3</i> |
| COUNTY
<i>Assumption</i> | | CITY
<i>Plattenville</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Hilda</i> | | <i>W</i> | <i>26</i> | |
| <i>Joseph</i> | | <i>S</i> | <i>12</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|-------|----------------|-----------|
| L 145 | HEAD OF FAMILY | LOUISIANA |
|-------|----------------|-----------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Le Blanc, Joseph |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | W | 27 | | |
| Edward | | S | 3 | | |
| May | | D | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. |
| W | 68 | | | 10 |
| COUNTY | | SHEET | | |
| Assumption | | 10 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Anaise | | W | 68 | |
| Landry, Audie | | 28 | 6 | |
| | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Bleu, Joseph | | E.D. | | SHEET | |
| COLOR | W | AGE | 69 | BIRTHPLACE | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Leonas | | W | 68 | | |
| Langley, Leon | | La | 24 | | |
| Healy, Lillies | | Cook | 24 | | |
| Aaron, P. Vandone | | HS | 6 | | |
| Johnson, Corley | | NR | 15 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Leblanc Joseph |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Belairia | | W | 30 | | |
| Josephine | | D | 14 | | |
| Lorintie | | S | 12 | | |
| Dupuy J. | | S | 10 | | |
| Dupuy Alda | | S | 9 | | |
| Leo | | S | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|-----------|--|-----------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLON | B | AGE | 1.3 | BIRTHPLACE | E.D. 4 SHEET 20 |
| COUNTY | | | Ascension | CITY Donaldsonville | |
| ENUMERATED WITH | | | | | |
| Holmes Israel | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18198-P61

1554-1C 15156-P&T

| | | | | | |
|-------------------------|---|----------------|---------------|------------|---|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 36 | BIRTHPLACE | |
| | | | | E.D. | 5 |
| | | | | SHEET | 1 |
| COUNTY | | | Ascension | CITY | |
| | | | Donaldsoville | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Armentine | | w | 39 | | |
| Pearl | | d | 15 | | |
| Rita | | d | 13 | | |
| Bernadette | | d | 11 | | |
| Joseph, Jr | | d | 10 | | |
| Delta | | d | 7 | | |
| Blanche | | d | 5 | | |

FORM 10-36 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 4 20 61

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

115-12444-10 15148-509

145 HEAD OF FAMILY *Le Blanc Joseph* LOUISIANA
 COLOR *W* AGE *41* BIRTHPLACE E.D. *10* SHEET *30*
 COUNTY *Ascension* CITY
 OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----------|------------|
| <i>Francois</i> | <i>W</i> | <i>37</i> | |
| <i>Deane</i> | <i>S</i> | <i>19</i> | |
| <i>Matile</i> | <i>D</i> | <i>17</i> | |
| <i>John</i> | <i>S</i> | <i>15</i> | |
| <i>George</i> | <i>S</i> | <i>12</i> | |
| <i>Lena</i> | <i>D</i> | <i>10</i> | |
| <i>Luraine</i> | <i>S</i> | <i>9</i> | |

FORM 10-636 (4-20-81)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 1420011

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

115-1224-22 1210-101

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | Age | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mu | 9 | | | 132 | 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Martin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Roberts Robert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPM-DC 18100-P61

| | | | | |
|-------------------------|----------------|------------|------------|------------|
| 1145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. SHEET |
| W | 34 | | | 65-8 |
| COUNTY | | CITY | | |
| Lafayette | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angele | W | 32 | | |
| Mary | D | 15 | | |
| Edna | D | 12 | | |
| Hannah | S | 11 | | |
| Anna | D | 8 | | |
| Monique | D | 6 | | |
| Steddy | D | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|-------|
| 7145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mw | 44 | Joseph | | 18 | 5 |
| COUNTY | | CITY | | | |
| East Baton Rouge | | Baton Rouge | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Josephine | W | 40 | | |
| | | | | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 25 | | | 143 | 16 |
| COUNTY | | CITY | | | |
| Vermillion | | Greysdan | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Elodie | W | 23 | | | |
| Donaldton | S | 4 | | | |
| Mattie | D | 2 | | | |
| Marnie | D | 1/2 | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|------|------------|------------------|
| 7145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 15 | BIRTHPLACE | E.D. 47 SHEET 14 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | | | | |
| Newel, Philip | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 16106-P61

| | | | | | | | |
|-------------------------|------------|----------------|-----|----------------|--|-----------|-----|
| 145 | | HEAD OF FAMILY | | Mc Blanc Joe | | LOUISIANA | |
| COLOR | W | AGE | 49 | BIRTHPLACE | | E.D. | 136 |
| COUNTY | Vermillion | | | CITY Abbeville | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Living alone | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-----------------------------|---------------------------------------|----------------------------|--------------------|-------------------|
| 2145 | HEAD OF FAMILY
<i>Le Blanc Joe</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>41</i> | BIRTHPLACE | E.D.
<i>133</i> | SHEET
<i>8</i> |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Lake Arthur</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Emma</i> | <i>W</i> | <i>35</i> | | |
| <i>Wm</i> | <i>D</i> | <i>18</i> | | |
| <i>Elie</i> | <i>S</i> | <i>16</i> | | |
| <i>Agnes</i> | <i>D</i> | <i>11</i> | | |
| <i>Geo</i> | <i>S</i> | <i>2</i> | | |
| <i>William</i> | <i>S</i> | <i>8/2</i> | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Joseph</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | E.D.
<i>135</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blanc, Aurey</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|----------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|---|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 70 | BIRTHPLACE | E.D. 136 SHEET 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Vermillion | | CITY Abbeville | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input checked="" type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18186-P81

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| 2140 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 65 | BIRTHPLACE | |
| Le Blanc, Joseph | | | | E.D. | SHEET |
| | | | | 109 | 10 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Leticia | | W | 66 | | |
| Constance | | 1st | 51 | | |
| Carrie, Anna | | 1st | 46 | | |
| | | | | | |
| | | | | | |
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FORM 10-634 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | Le Blanc, Joseph |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Levesine | | H | 38 | | |
| Ray | | S | 16 | | |
| Louise | | L | 14 | | |
| Jean | | S | 11 | | |
| Eustace | | L | 9 | | |
| Odile | | L | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| LH5 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 42 | Joseph | | 68 | 9 |
| COUNTY | | CITY | | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Elmore | W | 40 | | | |
| Ernest | S | 21 | | | |
| Edmond | S | 19 | | | |
| Mathilde | D | 15 | | | |
| Lafayette | S | 12 | | | |
| Antonia | D | 10 | | | |
| Gaston | S | 6 | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATION-
SHIP

AGE

BIRTHPLACE

Elto

D

4

Elmer

2

$$\frac{5}{12}$$

10 6360

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1-100-1-01

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | Te. rebonne |
| | | | | E.D. | 102 |
| | | | | SHEET | 8 |
| COUNTY | | | | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 40 | | |
| Filer Rider | | SS | 20 | | |
| Hays | | SS | 18 | | |
| Eunice | | SD | 13 | | |
| Columbus | | SD | 10 | | |
| Adrian | | SS | 8 | | |
| Edward | | SS | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 14 JUL 61

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 15198-101

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|-----------|------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 17 | E.D. | 1272 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Martin | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10106-P01

100-20-101 1910-101

6145

HEAD OF FAMILY

LOUISIANA

COLOR

AGE

BIRTHPLACE

E.D.

SHEET

27

3

COUNTY

St. Martin

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-------------------|--------------|-----|------------|
| John B. | 6 | 22 | |
| Frankie | 5 | 2 | |
| William A. George | S. B. | 7 | |
| | | | |
| | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|--------------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| Wm | 40 | Lablanc, Joseph Sr | 56 15 |
| COUNTY | | CITY | |
| Plaquemines | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Sarah | w' | 31 | |
| Margaret | d | 10 | |
| Eva | d | 10 | |
| Joseph Jr | s | 8 | |
| Walter | s | 6 | |
| Mosses | s | 3 | |
| Henry | s | 2 | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

FORM 10-6346 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15190-P01

HEAD OF FAMILY

| | | | | | |
|-------------------------|---|----------------|------|------------|--------|
| 9145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 46 | BIRTHPLACE | Joseph |
| COUNTY | | E.D. | | SHEET | |
| | | 46 | | 26 | |
| Lafourche | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Florida | | w | 46 | | |
| Viola | | d | 19 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Leblanc, Joseph |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 32 | | |
| Amata | | D | 13 | | |
| Anastasia | | D | 9 | | |
| Abel | | S | 4 | | |
| Alice | | D | 7 | | |
| Andel | | D | 5 | | |
| Allert | | S | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|----|
| 545 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leblanc, Joseph | | E.D. | | SHEET | |
| COLOR | W | AGE | 19 | BIRTHPLACE | 21 |
| COUNTY | | Iberia | | CITY | |
| ENUMERATED WITH | | | | | |
| Leblanc, Gillian | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L. 45 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Joseph | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | Lacrosseville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alvia | | W | 25 | | |
| Bilvia | | S | 10 | | |
| Ezilda | | D | 8 | | |
| Nicholas | | S | 6 | | |
| Ernie | | S | 4 | | |
| Antoine | | S | 2 | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------------------|----------------|-----|------------|--|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanch, Joseph | | E.D. | | SHEET | |
| 32 | | 29 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| | | | | | |
| COUNTY | St. John the Baptist | | | CITY | |
| | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Le Blanch, Joseph | | W | 23 | | |
| Le Blanch, Mary | | S | 7 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|---------------------|-----|------------|--|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le March | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| | 30 | | | | |
| COUNTY | | St. John the Bapt's | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | Wife | 37 | | |
| Robert | | Son | 22 | | |
| Eddie | | Son | 19 | | |
| Theresa | | Daughter | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|----------------|-----|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Joseph | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 32 | | | | |
| COUNTY | | CITY | | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Jura | W | 31 | | |
| | William | S | 11 | | |
| | Edward | S | 3 | | |
| | Marie | D | 6 | | |
| | Freddie | S | 2 | | |
| | Joseph Jr. | S | 1/2 | | |
| | Lendy Amila | D | 13 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

Le Blanc Joseph

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------------|----------------|-----------|------------|
| <i>Amelia</i> | <i>D</i> | <i>11</i> | |
| <i>Adolph</i> | <i>S</i> | <i>9</i> | |
| <i>Rosa Lee</i> | <i>D</i> | <i>8</i> | |
| <i>Btre itarndol</i> | <i>Grandpa</i> | <i>73</i> | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1-198-1-61

| | | | | | |
|--|------------------|---|------|---|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc Joseph</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | F.D.
<i>7</i> | SHEET
<i>21</i> |
| COUNTY
<i>Acadia</i> | | | CITY | | |
| ENUMERATED WITH
<i>Le Blanc Delan</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>brother</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

21 145

RL 145

| | | | |
|--------------------------------|---------------------|-------------------|-------------------|
| HEAD OF FAMILY | | LOUISIANA | |
| HEAD OF FAMILY | | E.O. | SHEET |
| <i>Le Blanc Joseph</i> | | <i>51</i> | <i>29</i> |
| COLOR | AGE | BIRTHPLACE | |
| <i>W</i> | <i>36</i> | | |
| COUNTY | | CITY | |
| <i>Tberville</i> | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Christie</i> | <i>W</i> | <i>26</i> | |
| <i>Cleveland</i> | <i>S</i> | <i>6</i> | |
| <i>Nolan</i> | <i>S</i> | <i>4</i> | |
| <i>Joan</i> | <i>D</i> | <i>1</i> | |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Joseph | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 27 | | |
| COUNTY | Acadia | CITY | |
| Acadia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Ida | W | 14 | |
| | | | |
| | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | E.D. | 2 |
| | | BIRTHPLACE | | SHEET 30 | |
| COUNTY | | Acadia Acad. | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leoncia | | W | 33 | | |
| Anna | | d | 16 | | |
| Marie | | d | 14 | | |
| Lutie | | d | 12 | | |
| Forest | | S | 14 | | |
| Paul | | S | 2 | | |
| Lelia | | d | 6 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| L145 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-----|----------------|-----|------------|-------|
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 47 | | | 3 | 27 |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alida | | W | 45 | | |
| Bevoit | | S | 14 | | |
| Anna | | D | 12 | | |
| Leaac | | S | 9 | | |
| Felite | | S | 8 | | |
| Reni | | S | 2 | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L 145- | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 33 | | | 3 | 30 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Hennie | | W | 30 | | |
| Marie | | D | 8 | | |
| Adam | | S | 6 | | |
| Lizzie | | D | 4 | | |
| Eliana | | D | 1 | | |
| | | | | | |
| | | | | | |

FORM 10-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 20 | BIRTHPLACE | St. Louis, Mo. |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Al | | 20 | 28 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leblanc | | Joseph R. | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 108 | 19 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Te. rebonne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Charpentier Adam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input checked="" type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 65 | | | 47 12 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celina | | W | 63 | | |
| Ella | | D | 27 | | |
| Thomas | | S | 22 | | |
| Eda | | D | 19 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|--------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 54 | BIRTHPLACE | E.D. 7 |
| COUNTY | | CITY | | SHEET 5 | |
| ENUMERATED WITH | | Ascension | | | |
| RELATIONSHIP TO ABOVE | | Davis David | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
h | |

FORM 19-437 (4-25-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|---------|----------------|-----|------------|----------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | LAFOURCHE, LOUISIANA |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Blanche | W | 35 | | |
| | Edmond | S | 10 | | |
| | Jean | S | 8 | | |
| | Edna | D | 7 | | |
| | Ernest | S | 5 | | |
| | Theresa | D | 3 | | |
| | Viola | D | 2 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | F.D. | SHEET |
| B | 7 | | | 105 | 4 |
| COUNTY | | CITY | | | |
| St Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Henry, Homer | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 15100-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 40 | | 22 | 1 |
| COUNTY | | | CITY | | |
| Lafayette | | | Broussard | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angelina | | W | 31 | | |
| Marie M. | | D | 10 | | |
| Leontine M. | | D | 9 | | |
| Fazel M. | | D | 8 | | |
| Joseph H. | | S | 5 | | |
| Maxie A. | | D | 1 | | |
| Gauthier, Francis J. | | B-L | 26 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 28 | | | 50 | 20 |
| COUNTY | | Tberville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edith | | W | 27 | | |
| Joseph H. Jr | | S | 3/12 | | |
| Myra Nellie | | M-4 | 52 | N.Y. | |
| Blanche | | S-L | 21 | | |
| Helen | | S-L | 16 | | |
| Hans | | B-L | 12 | | |
| E. J. Rodgers | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|-----|
| L14 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | E.D. | 108 |
| | | BIRTHPLACE | 3 | | |
| COUNTY | St. Landry | | CITY | Metairie | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lydia M | | W | 54 | | |
| 12 boarders | | | | | |
| 1 servant | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc, Joseph L | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 50 | | | | |
| COUNTY | | City | | | |
| Lafourche | | Thibodaux | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Aline J | | W | 45 | | |
| Aline H. | | S | 21 | | |
| Lucie M. | | S | 19 | | |
| Henry J | | S | 16 | | |
| Jeanne M. | | S | 14 | | |
| George J | | S | 12 | | |
| Haston J | | S | 9 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|-----|------------|
| Stella M. | S | 7 | |
| Albert J. | S | 4 | |
| Clarence J. | S | 2 | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1510B-P61

LOUISIANA

| | | | | | | | | |
|-------------------------|----------------|-----|-------------------|--------------|------|------------|-------|----|
| 5145 | HEAD OF FAMILY | | Le Blanc Joseph O | | E.D. | 18 | SHEET | 14 |
| COLOR | W | AGE | 60 | BIRTHPLACE | | | | |
| COUNTY | Iberia | | | CITY | | | | |
| | | | | New Iberia | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Alberta | | | | W | 36 | | | |
| Laura | | | | D | 11 | | | |
| George | | | | S | 7 | | | |
| | | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2145 | NAME OF INDIVIDUAL
<i>Leblanc, Joseph L.</i> | | E.D.
47 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
72 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafourche</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Leblanc, Albert</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | E.D. | 44 |
| | | BIRTHPLACE | | SHEET 10 | |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Camelia N | | W | 37 | | |
| Joe V Jr. | | S | 17 | | |
| Marie N | | D | 14 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|----------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 47 | BIRTHPLACE | E.D. 110 |
| COUNTY | | Terrebonne | | CITY | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Ellin | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18198-P61

6145

| | | | |
|--|---|---|--------------------|
| NAME OF INDIVIDUAL
<i>Le Blanc, Josephine</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>22</i> | E.D.
<i>105</i> | SHEET
<i>10</i> |
| BIRTHPLACE | | | |
| COUNTY
<i>Calcasieu</i> | CITY | | |
| ENUMERATED WITH
<i>Comeau, Juste</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<i>Wife</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P81

| | | | | | |
|---|---|---|---------------------|--|-----|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 6 | E.D. | 103 |
| | | BIRTHPLACE | Le Blanc, Josephine | | |
| COUNTY | | Terebonno | | | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Guillaume | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16105-P61

| | | | | | | | |
|-------------------------|---|----------------|-----|-----------------|--|-----------|-------|
| 7145 | | HEAD OF FAMILY | | Le Blance Jules | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | | E.D. | SHEET |
| | | | | | | 109 | 11 |
| COUNTY | | | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Elvira | | W | 55 | | | | |
| Abel | | S | 18 | | | | |
| Elio | | S | 16 | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Jules | | E.D. | | SHEET | |
| COLOR | W | AGE | 42 | BIRTHPLACE | |
| COUNTY | Assumption | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pluta | | W. | 39 | | |
| Alose | | S | 17 | | |
| Alcide | | S | 15 | | |
| Alcide | | S | 13 | | |
| Clephage | | S | 10 | | |
| E.mond | | S | 6 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-------|--------------------|--|-----------|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Jude K. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| mn | 1 1/2 | | | | |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Little Baptiste | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPM-DC 18186-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 245
W | 22 | LeBlanc, Jules | 143 18 |
| COUNTY | | Vermillion | CITY |
| | | | Graydon |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Charles | W | 22 | |
| Eulgia | D | 2 | |
| Emile | S | 7/12 | |
| Mrs Emile | M | 49 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| L145 | HEAD OF FAMILY | | E.D. | SHEET |
| | Leblanc, Jules | | 3 | 5 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 34 | | | |
| COUNTY | Acadia | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelia | W | 33 | | |
| Leo | S | 15 | | |
| Elie | S | 12 | | |
| Louisa | D | 8 | | |
| Judice | D | 6 | | |
| Elsie | D | 4 | | |
| Edouard | S | 2 | | |

| LOUISIANA | | | |
|-------------------------|------------------|------------|------------|
| 1145 | HEAD OF FAMILY | | E.D. SHEET |
| | La Blanche Jules | | 6312 |
| COLOR | AGE | BIRTHPLACE | |
| W | 45 | | |
| COUNTY | St. Charles | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Angelina | u | 35 | |
| Victoria | D | 7 | |
| Jules Jr | S | 6 | |
| Victor | S | 5 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L145 | HEAD OF FAMILY | | E.O. | SHEET |
| | | | 127 | 4 |
| COLOR | AGE | BIRTHPLACE | | |
| 1 | 64 | | | |
| COUNTY | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Beckley | | W | 5 | |
| Sister | | S | 2 | |
| Thomas | | GS | 12 | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|--|--------------------|--------------------|
| L 145 | NAME OF INDIVIDUAL
<i>Le Blanc Jules</i> | | E.D.
<i>102</i> | SHEET
<i>14</i> |
| COLOR
<i>W</i> | AGE
<i>110</i> | BIRTHPLACE | | |
| COUNTY
<i>St. Landry</i> | CITY
<i>Cottouze</i> | | | |
| ENUMERATED WITH
<i>Arseneau Marie</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16199-P81

LOUISIANA

| | | | | |
|--|--|--|---------------------|-------------------|
| L-145 | NAME OF INDIVIDUAL
<i>LeBlanc, Jules</i> | | P. D.
<i>105</i> | SHEET
<i>4</i> |
| COLOR
<i>B</i> | AGE
<i>11</i> | BIRTHPLACE | | |
| COUNTY
<i>St. Landry</i> | | CITY | | |
| ENUMERATED WITH
<i>Henry, Homer</i> | | | | |
| RELATIONSHIP TO ABOVE
<i>2</i> | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| LOUISIANA | | | |
|-------------------------|--------------|-----------------|------------|
| E.D. | | SHEET | |
| 2145 | | Le Blanc, Jules | |
| COLOR | AGE | BIRTHPLACE | |
| W | 56 | | |
| COUNTY | | CITY | |
| Vermillion | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Agnes | W | 55 | |
| Isaac | S | 19 | |
| Nila | D | 14 | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|----------------|------|------------|-------|
| L145 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Le Blanc Jules | | 10 | 11 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 25 | | | | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celine | | W | 28 | | |
| Edward | | S | 2 | | |
| Hersule | | D | 40 | | |
| Badrin, Hortense | | Ni | 10 | | |
| Paul | | B L | 32 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Le Blanc Jules E | | 57 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| w | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Iberville | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc Delphonine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16155-P61

| | | | LOUISIANA | | |
|-------------------------|--------------|----------------|------------|------------|----------|
| L145 | | HEAD OF FAMILY | | E.D. 35 | SHEET 13 |
| COLOR | W | AGE | 60 | BIRTHPLACE | |
| COUNTY | Iberville | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Sylvaine | W | 56 | | | |
| John | B | 20 | | | |
| Paul | S | 18 | | | |
| Theresa | S | 14 | | | |
| Frederick | S | 12 | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|-----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Le Blanc, Julie | | 131 | 23 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 26 | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ermina | | W | 22 | | |
| Sien Domes | | S | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|--|-------------|------------|
| 2145 | NAME OF INDIVIDUAL
<i>Lafleur Julia</i> | | E.D.
112 | SHEET
8 |
| COLOR
W | AGE
13 | BIRTHPLACE | | |
| COUNTY
St. Landry | CITY
Washington | | | |
| ENUMERATED WITH
<i>Cassius James J.</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P81

LOUISIANA

| | | | | |
|--|---|--|--------------------|-------------------|
| P 145 | NAME OF INDIVIDUAL
<i>LeBlanc, Julia</i> | | E.D.
<i>105</i> | SHEET
<i>4</i> |
| | COLOR
<i>B</i> | AGE
<i>18</i> | BIRTHPLACE | |
| COUNTY
<i>St. Landry</i> | | CITY | | |
| ENUMERATED WITH
<i>Henry Homer</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P01

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|-------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>LeBlanc, Julia</i> | | E.D.
<i>137</i> | SHEET
<i>2</i> |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | |
| ENUMERATED WITH
<i>Morgan, John G.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

LOUISIANA

| | | | | | | |
|--|---|--|------|---|-------|---|
| 1145 | NAME OF INDIVIDUAL | Le Blanc Julia | E.D. | 1 | SHEET | 4 |
| COLOR | AGE | BIRTHPLACE | | | | |
| MW | 8 | | | | | |
| COUNTY | Ascension | CITY | | | | |
| ENUMERATED WITH | | Taylor Charles | | | | |
| RELATIONSHIP TO ABOVE | | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | |

FORM 10-637 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| R. 45 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Le Blanc Julia | | 132 | 23 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | | | CITY | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Felicin | | W | 19 | | |
| Euse | | L | 17 | | |
| Julia | | L | 13 | | |
| Gabriel | | S | 9 | | |
| Joseph | | S | 6 | | |
| Wolfe | | L | 4 | | |
| Louisiana | | L | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|----------------------------|------------------------------------|------------|-----------------|
| L 145 | HEAD OF FAMILY
<i>La Blance</i> | | E.D. <i>1</i> |
| | JULINE SR. | | SHEET <i>16</i> |
| COLOR
<i>W</i> | AGE
<i>33</i> | BIRTHPLACE | |
| COUNTY
<i>Ascension</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Ernestine</i> | <i>W</i> | <i>32</i> | |
| <i>Julius Jr</i> | <i>S</i> | <i>15</i> | |
| <i>Engelina</i> | <i>S</i> | <i>13</i> | |
| <i>Virginia</i> | <i>D</i> | <i>11</i> | |
| <i>Paul</i> | <i>S</i> | <i>9</i> | |
| <i>Rosa</i> | <i>D</i> | <i>6</i> | |
| <i>Clarence</i> | <i>S</i> | <i>4</i> | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

LeBlance Julius Sr.

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------------------------|-------------------|-------|------------|
| 1 <i>Richard</i> | S | 2 1/2 | |
| <i>Landry Social</i> | Niece | 15 | |
| <i>LeBlance Willie</i> | B | 23 | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910a-C61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 59 | BIRTHPLACE | La Blance Julius |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Alva | | W | 48 | | |
| Margaret | | D | 14 | | |
| Alfred | | S | 8 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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| | | | | | |
|-------------------------|------------|----------------|------|------------|---------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 2 | AGE | 45 | BIRTHPLACE | Leblanc James |
| COUNTY | St. Martin | | | E.D. | 127 |
| | | | | SHEET | 16 |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leblanc James | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|--------------------|-----------|
| 1145 | NAME OF INDIVIDUAL | LOUISIANA |
|------|--------------------|-----------|

| | | | | | |
|---|---|--------------------|----|------------|--------------------|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | La Blane, Laurbert |
| COUNTY | | St. James | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-----------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | Landry J. |
| COUNTY | Ascension | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Le Blanc August | | M | 69 | | |
| Landry A. P. L. | | SL | 27 | | |
| Le Blanc Enola | | D | 14 | | |
| Agnes | | D | 13 | | |
| Régina | | D | 11 | | |
| Landry J. | | S | 9 | | |
| J. M. | | S | 8 | | |

FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY, CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 14 J 61

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15196-F&I

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------------|
| 4145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 40 | BIRTHPLACE | Leblanc Laura |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Arthur | S | 16 | | | |
| Elza | D | 8 | | | |
| Gertrude | D | 10 | | | |
| Clementine | D | 14 | | | |
| Octavia | D | 12 | | | |
| Leblanc Edgar | on road | 42 | | | |

FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Leblanc Laura</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | E.D.
<i>62</i> | SHEET
<i>25</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Charles | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Page Thomas</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SM</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SM</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SM</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc Lawrence</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE | | E.D.
<i>133</i> | SHEET
<i>28</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Vermillion | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blanc Felix</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | | | | | |
|-------------------------|---|----------------|----|------------------|--|------------|----|-----------|----|
| 2145 | | HEAD OF FAMILY | | Leblanc | | Felson | | LOUISIANA | |
| COLOR | W | AGE | 63 | BIRTHPLACE | | E.D. | 20 | SHEET | 11 |
| COUNTY | | | | East Baton Rouge | | CITY | | | |
| | | | | Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | | | |
| 1 Georgia | | W | | 39 | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|----------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | De Blanc Lecin |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lecide | | w | 20 | | |
| Gallen | | s | 7 1/2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blank, Lee</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | | E.D.
<i>79</i> | SHEET
<i>14</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Rapides</i> | | <i>Alexandria</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blank, Alphonse J.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61

| | | | | | |
|--|---|---|------|--|-----|
| 5145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 25 | E.D. | 139 |
| | | BIRTHPLACE | | SHEET | 27 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Leblance B. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

USCOMM-DC 18100-P01

| | | | | | |
|---|---|---|---|--|-----|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 | E.D. | 139 |
| | | BIRTHPLACE | | SHEET 27 | |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| Leblanc B. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|-----|---|--|---|-------|
| L-145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 12 | | | 132 | 10 |
| COUNTY | | CITY | | | |
| | | Washington | | Bogalusa | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | Victor, Dupuy | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-NC 1910-P61

LOUISIANA

8-145

NAME OF INDIVIDUAL *Lalance Lena*

COLOR *W* AGE *7* BIRTHPLACE *Miss*

COUNTY *Washington* CITY *Bogalusa*

ENUMERATED WITH *Richard John*

RELATIONSHIP TO ABOVE

| | | |
|--|--|--|
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2-211M-1 C 18184-P41

L145

HEAD OF FAMILY *Le Blanc Lemard* LOUISIANA

COLOR *W* AGE *24* BIRTHPLACE E.O. *51* SHEET *9*

COUNTY *Iberville* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------------|--------------|-----------|------------|
| <i>1 Anise</i> | <i>W</i> | <i>19</i> | |
| <i>Christine</i> | <i>S</i> | <i>3</i> | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 2145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| W | 35 | | 133 | 15 |
| COUNTY | | CITY | | |
| Vermillion | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Evelyn | W | 32 | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|--------|------------|-----------------|
| 545 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 15 | BIRTHPLACE | E.D. 48 SHEET 7 |
| COUNTY | | | Iberia | CITY. | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (10-20-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18195-P61

15195-P61

L145 **HEAD OF FAMILY** *Le Blanc, Les* **LOUISIANA**

COLOR *W* **AGE** *22* **BIRTHPLACE** *4* **E.D.** *4* **SHEET** *4*

COUNTY *Acension* **CITY** *Acensionville*

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|-----------|------------|
| <i>Fannie</i> | <i>A</i> | <i>18</i> | |
| <i>Elida</i> | <i>L</i> | <i>15</i> | |
| <i>William</i> | <i>S</i> | <i>14</i> | |
| <i>Corrine</i> | <i>S L</i> | <i>19</i> | |
| <i>M. Edna</i> | <i>Aunt</i> | <i>76</i> | |
| | | | |
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| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--|------|--|--|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| W | 20 | | 10 | 3 | |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| Young, Norbert | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15180-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc Leo</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>31</i> | BIRTHPLACE | | E.D.
<i>82</i> | SHEET
<i>36</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITHIN THE
<i>St John the Baptist</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Robert Wilhe</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

5

HEAD OF FAMILY *LeBlanc, Lee* LOUISIANA

COLOR *Mu* AGE *35* BIRTHPLACE *Ascension* E.D. *4* SHEET *11*

COUNTY *Ascension* CITY *Donaldville, La*

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------------------|--------------|-----------|------------|
| <i>Edna</i> | <i>D</i> | <i>15</i> | |
| <i>Louise</i> | <i>D</i> | <i>13</i> | |
| <i>Margie</i> | <i>S</i> | <i>9</i> | |
| <i>Chapman, Lizzie</i> | <i>M-L</i> | <i>60</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|--------------------|
| 445 | | NAME OF INDIVIDUAL
<i>Leblanc Leo</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | | ED.
<i>37</i> | SHEET
<i>13</i> |
| COUNTY | | CITY | | | |
| East Baton Rouge | | | | | |
| ENUMERATED WITH
<i>Mc Adams Mary</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<i>Step Son</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| 2175 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 27 | BIRTHPLACE | Leo |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Carna | | w | 20 | | |
| Leonard | | s | 5 | | |
| Bridget | | d | 4 | | |
| | | | | | |
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FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | Blanc, La |
| COUNTY | | CITY | | E.D. | 10 |
| | | | | SHEET | 35 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lia | | W | 35 | | |
| Edward | | S | 11 | | |
| Clarence | | S | 9 | | |
| Liza | | D | 7 | | |
| Ruggie Liza | | Mo-L | 69 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|-----------|----------------|-------|---------------|----|-----------|----|
| L145 | | HEAD OF FAMILY | | Le Blanc, Leo | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | | E.D. | 65 |
| COUNTY | Lafayette | | | CITY | 28 | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 Lucile | | W | 19 | | | | |
| Lloyd | | S | 6 1/2 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| 9-5 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 54 | Le Blanc, Leodan | | 134 | 11 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Neta | | D | 18 | | |
| Coulak | | D | 15 | | |
| Lora | | D | 11 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|----|----------------|----|------------------|--|------------|-----|
| 2145 | | HEAD OF FAMILY | | Le Blanc Leodice | | LOUISIANA | |
| COLOR | Mr | AGE | 22 | BIRTHPLACE | | E.O. | 136 |
| | | | | | | SHEET 21 | |
| COUNTY | | | | Vermillion | | CITY | |
| | | | | | | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Living alone | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| L. V. S. L. Bloncy, Leon | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 60 | | |
| COUNTY | | CITY | |
| Calcasieu | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Amelia | W | 55 | |
| Melania | D | 26 | |
| Leontine | D | 24 | |
| Placide | S | 15 | |
| Alcide | S | 12 | |
| | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 40 | Leblanc, Leon | | 98 | 10 |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Blanche | | w | 25 | | |
| Maesma | | d | 7 | | |
| Leons | | s | 3 | | |
| Ulysses | | s | 1/2 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------------------------|--------|--------------------------|--|-------------|--|
| 45
COLOR
W | | HEAD OF FAMILY
Le Blanc, Leon | | LOUISIANA
E.D.
113 | | SHEET
15 | |
| AGE
23 | | BIRTHPLACE | | | | | |
| COUNTY
Iberia | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| / Lisa | | W | 23 | | | | |
| Suzanne | | S | 13 1/2 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Leon | | E.D. | | SHEET | |
| COLOR | W | AGE | 38 | BIRTHPLACE | |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Corude | | W | 38 | | |
| Arvy | | S | 7 | | |
| Eud | | S | 6 | | |
| Lois | | S | 2 | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 34 | | | 58 | 12 |
| COUNTY | | St. Bernard | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maline | | u | 36 | Pa. | |
| Lillian M. | | D | 8 | | |
| Marie | | D | 5 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|---|------------|------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Biana Leon L | | E.D. | | SHEET | |
| COLOR | W | AGE | 3 | BIRTHPLACE | 75 9 |
| COUNTY | | Lafayette | | CITY | |
| ENUMERATED WITH | | | | | |
| Cornelius Avery | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<u>Ad-5</u> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | | | | | |
|--|---|--|----|--|-----------|
| L-45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 10 | BIRTHPLACE | ED. SHEET |
| | | | | 40 | 14 |
| COUNTY | | Lafourche | | CITY | |
| | | | | Rockport | |
| ENUMERATED WITH | | | | Foret Laia | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| L14- | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 65 | E.D. | 132 |
| | | BIRTHPLACE | | SHEET | 16 |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Léonard | | W | 50 | | |
| Leonard Jr. | | S | 16 | | |
| Mala | | S | 12 | | |
| Rodolph | | S | 11 | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Le Blanc, Leonard |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adeline | | W | 28 | | |
| Dorcas | | S | 3 | | |
| Ella | | D | 2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|--|----|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 22 | E.D. | 10 |
| | | BIRTHPLACE | | SHEET 41 | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Robert L. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Bro | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18102-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 62 | Miss | 42 | 9 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Frank Jackson | | H | 52 | Miss | |
| | | | 11 | | |
| | | | | | |
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FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| P. 45 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Leon | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 35 | | | | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bernadette | | W | 32 | | |
| L. Mason | | D | 20 | | |
| L. Mason | | S | 4 | | |
| L. Mason | | D | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| L 145 | HEAD OF FAMILY | | E.D. 50 |
| | | SHEET 4 | |
| COLOR | AGE 52 | BIRTHPLACE | |
| COUNTY | Calcasieu | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Blacode | 1 | 23 | |
| Philman | 1/2 | 22 | |
| Antoine | 1/2 | 2 | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|----------------------------|--|------------|-------------------|
| L 145 | HEAD OF FAMILY
<i>Léonore Léopold</i> | | E. D. 75 SHEET 16 |
| COLOR
<i>w</i> | AGE
<i>32</i> | BIRTHPLACE | |
| COUNTY
<i>Lafayette</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>/ Matilda</i> | <i>w</i> | <i>26</i> | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|--|--------------|-----------|-------------|
| 2145 | HEAD OF FAMILY
<i>See Blanc, Sister</i> | | E.D.
3 | SHEET
18 |
| COLOR
<i>W</i> | AGE
<i>60</i> | BIRTHPLACE | | |
| COUNTY
<i>Acadia</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Adelia</i> | | <i>W</i> | <i>29</i> | |
| <i>Clodia</i> | | <i>D</i> | <i>7</i> | |
| <i>Adelia</i> | | <i>D</i> | <i>5</i> | |
| <i>Jane</i> | | <i>S</i> | <i>1</i> | |
| | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| L145 | NAME OF INDIVIDUAL
Leblanc, Levert | | ED.
21 | SHEET
12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
78 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Iberville | | CITY
Bulcambre | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Leblanc, Alpha | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-15C 15100-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-----------|------------|
| COLOR | AGE | E.D. | SHEET |
| W | 25 | 104 | 39 |
| BIRTHPLACE | | | |
| COUNTY | Terrebonne | | CITY |
| Houma | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Leonia | W | 23 | |
| Chyde | S | 2 | |
| Arceumint Julia | Sil | 33 | |
| Le Blanc Maria | Si | 18 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY |
|----------------|
| 5-25 |

| | | | | | | | |
|-------------------------|------------------|----------------|-----|-----------------|--|-----------|-----|
| 5145 | | HEAD OF FAMILY | | Le Blanc, Lewis | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | | E.D. | 341 |
| COUNTY | East Baton Rouge | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Lucy | | W | 52 | | | | |
| Charles | | S | 22 | | | | |
| Rudolph | | S | 15 | | | | |
| Philip | | S | 14 | | | | |
| Lue | | D | 12 | | | | |
| Rudord, Betty | | N | 4 | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------|---|----------------|----|-----------------|--|-----------|---|
| 5145 | | HEAD OF FAMILY | | Le Blanc, Lewis | | LOUISIANA | |
| COLOR | W | AGE | 51 | BIRTHPLACE | | E.D. | 1 |
| | | | | | | SHEET | |

BUREAU OF THE CENSUS

L145 **HEAD OF FAMILY** *Le Blanc, Lewis* **LOUISIANA**

COLOR *W* **AGE** *36* **BIRTHPLACE** **E.D.** *6* **SHEET** *8*

COUNTY *Assumption* **CITY**

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------------------|--------------|-----------|------------|
| <i>Alice</i> | <i>W</i> | <i>31</i> | |
| <i>Arthur</i> | <i>S</i> | <i>12</i> | |
| <i>Lena</i> | <i>Da</i> | <i>10</i> | |
| <i>Lawrence</i> | <i>S</i> | <i>5</i> | |
| <i>Flora</i> | <i>Da</i> | <i>5</i> | |
| <i>Louis Jr.</i> | <i>S</i> | <i>2</i> | |
| <i>Bourgeois, Emma</i> | <i>Da</i> | <i>30</i> | |

FORM 10-634 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED **LOUISIANA**

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATION
SHIP

AGE

BIRTHPLACE

Bourguoin, Eduard

n

2

INM 10 6360 14 2 01

1910 CENSUS INDEX FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC 01461 C 1894B-1 61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 29 | | 84 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crocket, Ann | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

| | |
|------|----------------|
| 1145 | HEAD OF FAMILY |
|------|----------------|

| | | | |
|-------------------------|--------------|-----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. |
| 16 | 83 | Le Blanc Mezuda | 39 |
| COUNTY | CITY | | |
| Lafourche | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Regina | D | 42 | |
| Mary | HD | 17 | |
| Zelida | SS | 16 | |
| Thrup C | SS | 13 | |
| Alcide | | | |
| | | | |
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| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|----------|
| 45 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| w | 38 | | | 143 |
| COUNTY | Vermillion | | CITY | Greysdan |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marquert | w | 34 | | |
| Lucia | D | 19 | | |
| Adam | S | 16 | | |
| Clothild | D | 12 | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|-----------------|-----|------------|-------|
| 2945 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 38 | LeBlanc, Legime | | 143 | 7 |
| COUNTY | | CITY | | | |
| Vermillion | | Greysden | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Alcida | W | 34 | | |
| | Henry | S | 17 | | |
| | Oda | S | 15 | | |
| | Eula | D | 13 | | |
| | Edna | D | 12 | | |
| | Ellias | S | 7 | | |
| | Elma | S | 6 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINU

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

150,000,000 150,000,000

| | | | | | |
|-------------------------|----------|----------------|------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 47 | St. Louis, La. | | 87 | 8 |
| COUNTY | St. Mary | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Miss Mary | | S | 21 | | |
| Frank | | S | 19 | | |
| George | | S | 14 | | |
| John | | S | 12 | | |
| Mary | | S | 9 | | |
| Lida | | S | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|--------------------|
| L145 | NAME OF INDIVIDUAL |
|------|--------------------|

| | | | | | |
|--|---|--------------------|--|------------|------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 8 | BIRTHPLACE | E.D. |
| COUNTY | | | | | 99 |
| ENUMERATED WITH | | | CITY | | |
| | | | St. Mary | | |
| RELATIONSHIP TO ABOVE | | | Marcel, Metelu | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC014M-DC 18108-P01

1910-PC-1

LOUISIANA

NAME OF INDIVIDUAL *Le Blanc, Lillian*

COLOR *B* AGE *14* BIRTHPLACE *Assumption* CITY *Napoleonville*

COUNTY *12* E.D. *7* SHEET *8*

ENUMERATED WITH *Hickman, Caroline*

RELATIONSHIP TO ABOVE

☐ FATHER
☐ MOTHER
☐ GRANDFATHER
☐ GRANDMOTHER
☐ GRANDSON
☐ GRANDDAUGHTER
☐ AUNT
☐ UNCLE

☐ NEPHEW
☐ NIECE
☐ FATHER-IN-LAW
☐ MOTHER-IN-LAW
☐ SON-IN-LAW
☐ DAUGHTER-IN-LAW
☐ BROTHER-IN-LAW
☐ SISTER-IN-LAW

☐ INMATE
☐ NURSE
☐ PATIENT
☐ ROOMER
☐ SERVANT
☐ OTHER (Specify) *Sund-child*

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

13C014M-DC 1910-PC-1

18105-P61

| | | | | | |
|--|------------------|--|--|--|--------------------|
| 445 | | NAME OF INDIVIDUAL
<i>Lillian Lillian</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>20</i> | BIRTHPLACE | | E.D.
<i>98</i> | SHEET
<i>20</i> |
| COUNTY
<i>St. Tammany</i> | | CITY | | | |
| ENUMERATED WITH
<i>Lillian Lillian</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|---|---|---|----|--|-----------|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Ascension |
| COUNTY | | | | CITY | |
| ENUMERATED WITH | | Babin Dmer | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-----------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | Le Blanc Lionel |
| COUNTY | Vermillion | | CITY | E.D. | 142 |
| | | | SHEET 10 | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Christian | W | 25 | | | |
| Louis | S | 5 1/2 | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-------|------------|------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Assumption |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. Rosa | | W | 23 | | |
| Eunice | | D | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|----|---|----|---|-----------------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | MW | AGE | 15 | BIRTHPLACE | E.D. 10 SHEET 9 |
| COUNTY | | Acadia | | CITY | |
| ENUMERATED WITH | | Crowley | | | |
| RELATIONSHIP TO ABOVE | | Martin Robert | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
s.d. | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | |
|-------|----------------|
| L 145 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | | | |
|-------------------------|------------|----------------|-----|-----------------|--------|-----------|-----|
| 5145 | | HEAD OF FAMILY | | LeBlance Lodian | | LOUISIANA | |
| COLOR | w | AGE | 34 | BIRTHPLACE | | E.D. | 143 |
| COUNTY | Vermillion | | | CITY | Hwydan | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| E. Lodian | | w | 27 | | | | |
| Neola | | D | 6 | | | | |
| Alicia | | D- | 4 | | | | |
| Muelis | | S | 2 | | | | |
| Cajita | | D | 1/2 | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 5145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|-----------|----------------|------|------------|------------------|
| L 145- | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | Le Blanc Lombart |
| COUNTY | Ascension | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Amelia | | W | 33 | | |
| Eustace | | M | 55 | | |
| Richard Josephine | | SL | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------------|--|--|--|--------------------|
| L 45 | | NAME OF INDIVIDUAL
<i>Le Blanc Lonie</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>3</i> | BIRTHPLACE | | E.D.
<i>13</i> | SHEET
<i>11</i> |
| COUNTY | | CITY
<i>Ascension</i> | | | |
| ENUMERATED WITH | | <i>Poche Elphege</i> | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

| | | | | | |
|--|-----------|--|------|---|-----------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 6 | BIRTHPLACE | Louisiana |
| COUNTY | Ascension | | CITY | E.D. | 1 |
| ENUMERATED WITH | | SHEET 9 | | | |
| RELATIONSHIP TO ABOVE | | Landry, L. V. | | | |
| <input type="checkbox"/> FATHER | | <input type="checkbox"/> NEPHEW | | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | | <input type="checkbox"/> NIECE | | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | | <input type="checkbox"/> FATHER-IN-LAW | | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | | <input type="checkbox"/> MOTHER-IN-LAW | | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | | <input type="checkbox"/> SON-IN-LAW | | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | | <input type="checkbox"/> DAUGHTER-IN-LAW | | <input checked="" type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | | <input type="checkbox"/> BROTHER-IN-LAW | | Adopted | |
| <input type="checkbox"/> UNCLE | | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|--------------------|
| L 145 | NAME OF INDIVIDUAL |
| COLOR | |

| | | | | | |
|---|-----------|---|------|--|-----------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | White | AGE | 12 | BIRTHPLACE | E.D. 74 SHEET 6 |
| COUNTY | Lafayette | | CITY | | |
| ENUMERATED WITH | | | | | |
| LeBlanc, Darnasse | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18106-P61

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|------------|----------------|------|------------|-----------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Le Blane, Louis |
| COUNTY | Assumption | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Francis | | W | 27 | | |
| Matyle | | D | 3 | | |
| Elizabeth | | D | 4/2 | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| | 63 | Calcasieu | 49 | 13 | |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------|-----|----------------|------|-----------|--|
| X1115 | | HEAD OF FAMILY | | LOUISIANA | |
| | AGE | BIRTHPLACE | E.D. | SHEET | |
| | 88 | | | | |

| | | | | | |
|-------------------------|------------|----------------|-----|------------|-----------------|
| X1115 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 44 | BIRTHPLACE | La Blane, Louis |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Catharine | W | 35 | | |
| | Archie L | S | 13 | | |
| | Mabel | D | 11 | | |
| | Wid | S | 9 | | |
| | Thomas L | S | 7 | | |
| | Ally | S | 5 | | |
| | Dorothy H. | S | 3 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATION-
SHIP

AGE

BIRTHPLACE

1 Wesley W.

2

 $\frac{13}{12}$ (2)

FORM 10-6348 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

5-2100-1 15100-1 20

L 145

HEAD OF FAMILY

| | | | | |
|-------------------------|----------------|----------------|------------|-------|
| L 145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 71 | 28 | Le Blanc Louis | 52 | 17 |
| COUNTY | | | | |
| Calcasieu | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adèle B | W | 20 | | |
| Francis | A | 4 | | |
| Barrigues Clare | ml | 60 | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L 145 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | BIRTHPLACE | Louis |
| COUNTY | Ascension | | CITY | E.D. | 11 |
| SHEET 5 | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Emalie | | W | 55 | - | |
| Clanette Sidney | | ab | 5 | B | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|------------------|----------------|------|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | |
| COUNTY | Fast Baton Rouge | | CITY | | |
| Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maurice | | W | 35 | | |
| Louis Jr. | | S | 17 | | |
| Eva M. | | D | 16 | | |
| Harry V. | | S | 14 | | |
| Walter J. | | S | 11 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----------|---|------|--|---------|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 714 | AGE | 70 | BIRTHPLACE | E.D. 71 |
| COUNTY | Lafayette | | CITY | SHEET 21 | |
| ENUMERATED WITH | | | | | |
| LeBlanc, Edmond C. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-OC 16106-P61

| | |
|------|----------------|
| 1145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|----------|-----------------|-------|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mu | 32 | Le Blanc, Louis | | 69 | 14 |
| COUNTY | St James | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bernadette | | w | 19 | | |
| Hanna H | | d | 8 1/2 | | |
| Price, Helena | | me | 55 | | |
| | | | | | |
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FORM 10-636 (6-20-61)
1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|--|---|------------|----------------------|-------------------|
| 2145 | NAME OF INDIVIDUAL
<i>Le Blanc Louis</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>15</i> | BIRTHPLACE | E.D.
<i>133</i> | SHEET
<i>6</i> |
| COUNTY | Vermillion | | CITY
<i>Ereth</i> | |
| ENUMERATED WITH
<i>Bandus Henry</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

745 HEAD OF FAMILY *L. D. ...* LOUISIANA
 COLOR *W* AGE *37* BIRTHPLACE *Louisiana* E.D. *33* SHEET *29*
 COUNTY *...*
 Vermillion CITY
 OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-------------|--------------|------------|------------|
| <i>Wife</i> | <i>W</i> | <i>36</i> | |
| <i>...</i> | <i>D</i> | <i>9</i> | |
| <i>...</i> | <i>S</i> | <i>2</i> | |
| <i>...</i> | <i>S</i> | <i>1</i> | |
| <i>...</i> | <i>S</i> | <i>1</i> | |
| <i>...</i> | <i>S</i> | <i>1/2</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

445 HEAD OF FAMILY *...*

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Louis |
| COUNTY | Lafourche | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Flaracting W | | 22 | | | |
| Elton | S | 19 | | | |
| | | | | | |
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FORM 10-634 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | | | |
|-------------------------|---|----------------|----|--------------|-------|------------|----|
| 5145 | | HEAD OF FAMILY | | Blance | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Louis | E.D. | 14 |
| COUNTY | | | | SHEET | 5 | | |
| Iberia | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Gren | | | | W | 36 | | |
| Maria | | | | D | 13 | | |
| Stella | | | | P | 4 | | |
| | | | | | | | |
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FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|-----------|----------------|------|------------|----------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | Mu | AGE | 53 | BIRTHPLACE | Le Blanc Louis |
| COUNTY | Ascension | | CITY | E.D. | 13 |
| SHEET 12 | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rose | | W | 43 | | |
| Louis Jr. | | S | 21 | | |
| Stevens Mary | | M | 80 | | |
| Bena Joseph | | Orphan | 9 | | |
| Wilson John | | B | 40 | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L 145 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | |
| COUNTY | | Thruville | | CITY | Plaquemine |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Wilhemine | W | 40 | | | |
| Joseph | S | 19 | | | |
| Elvira | D | 14 | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 59 | BIRTHPLACE | Le Blanc, Louisiana |
| COUNTY | St. Martin | | CITY | E.D. | SHEET |
| | | | | 131 | 17 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Christine | S | 19 | | | |
| Elodie | D | 17 | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|------------|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 6145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 37 | BIRTHPLACE | Louisiana | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Tammany | | CITY | Covington | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Livon Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 57 | BIRTHPLACE | Acadia |
| COUNTY | | Acadia | | CITY | Rayne |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Josephine | | D | 42 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|--------------------|
| L145 | NAME OF INDIVIDUAL |
|------|--------------------|

| | | | | | |
|---|------------|--------------------|------|------------|-------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 17 | BIRTHPLACE | E.D. 142 SHEET 15 |
| COUNTY | Vermillion | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center; font-size: 2em;">B</div> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO-64-DC 18185-P61

L - 145

845

HEAD OF FAMILY

L-145

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Louisie |
| COUNTY | Acension | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 | Marie | W 21 | | | |
| | | | | | |
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FORM 10-634 (4-20-61)
1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L-145

| |
|----------------|
| HEAD OF FAMILY |
|----------------|

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| NAME | AGE | BIRTHPLACE | E.D. |
| Lucas | 66 | Lucas, La. | 71 |
| COLOR | | CITY | SHEET |
| W | | Lafayette | 34 |
| COUNTY | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Olivia | W | 50 | |
| Blanchet | S | 23 | |
| Olivia | D | 22 | |
| Orville | S | 20 | |
| Joe | Orphan | 7 | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------|------------|----------------------|
| 745 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | Lafayette, Louisiana |
| COUNTY | | Vermilion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 30 | | |
| | Robert | D | 8 | | |
| | Lucie | S | 7 | | |
| | Fernand | S | 5 | | |
| | Lillian | D | 3 | | |
| | Wanda | D | 9/12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|---|----------------------|------------|-------|
| X145 | NAME OF INDIVIDUAL | E.D. | SHEET |
| | <i>Le Blanc, Luc</i> | 134 | 3 |
| COLOR | AGE | BIRTHPLACE | |
| W | 35 | | |
| COUNTY | CITY | | |
| | Vermillion | | |
| ENUMERATED WITH | | | |
| <i>Legrand, Ludovine Mrs</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input checked="" type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC984-DC 18128-P61

| | | | | | |
|--|---|---|-----|---|----|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 121 | SHEET | 44 |
| | | BIRTHPLACE | | | |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | Bachelor, Dorina | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
BOTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JSCOM-DC 16196-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc Lucile | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 132 47 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Martin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc Felicie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPMA-DC 16104-P01

| | | | | | |
|-----------------------|---|--|----|------------|------------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 12 | BIRTHPLACE | FD. 121 SHEET 44 |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | Bachelor, Dorian | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 D </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JSOIMM-DC 18196-P61

| | | | | | |
|--|------------------|---|--|---|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Laflamme, Lucian</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>17</i> | BIRTHPLACE | | F.D.
<i>121</i> | SHEET
<i>44</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Bachelor, Dorcia</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>5</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P-61

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-----------------|
| 20, 45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Le Blanc Lucius |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Ida | W | 34 | | | |
| Abell | S | 13 | | | |
| Julie | S | 11 | | | |
| Clasomer | S | 7 | | | |
| Edith | S | 5 | | | |
| Loles | S | 3 | | | |
| Edna | S | 1 1/2 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2745

| | | | |
|-------------------------|--------------|------------|-------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E. D. SHEET |
| W | 40 | | 133 39 |
| COUNTY | | CITY | |
| Vermillion | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Emmeline | W | 38 | |
| Edna | S | 16 | |
| Ernest | S | 14 | |
| Clara | D | 13 | |
| Edna | D | 11 | |
| Ernest | S | 9 | |
| Clara | S | 7 | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|---|--|----------|
| 5145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 3 | BIRTHPLACE | St. Mary |
| | | | | CITY | |
| COUNTY | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|-------------------------|----------|----------------|------------|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | BIRTHPLACE | |
| COUNTY | | | Assumption | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / | Phyllis | W | 32 | | |
| | Mabel | D | 12 | | |
| | Bianche | D | 11 | | |
| | Florence | D | 9 | | |
| | Emma | D | 6 | | |
| | Emil | S | 3 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L 145 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | St. Mary |
| | | | | E.D. | 91 |
| | | | | SHEET | 3 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura D | | W | 45 | Tex | |
| Caddie | | D | 19 | | |
| Eddie | | D | 17 | | |
| Carrie | | D | 15 | | |
| Melissa | | D | 8 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | | | |
|-------------------------|------------|----------------|-----|-----------------|--|-----------|----|
| L145 | | HEAD OF FAMILY | | LeBlanc, Lufrin | | LOUISIANA | |
| COLOR | W | AGE | 61 | BIRTHPLACE | | E.D. | 1 |
| COUNTY | Assumption | | | | | SHEET | 13 |
| | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Emé | | W | 51 | | | | |
| Sanchey Jeanne | | ser | 29 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 25 | BIRTHPLACE | Luke |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | w | 21 | | |
| Myrtle | | D | 4 | | |
| Lillian | | D | 3 | | |
| Earl | | S | 16 | | |
| | | | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | La Blaine Lake |
| COUNTY | | Lafayette | | CITY | Scott |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelia | | W | 37 | | |
| George | | S | 26 | | |
| Lester | | B | 17 | | |
| Lemuel | | D | 7 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 2145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| | W 28 | Iberia | 21 | 10 |
| COUNTY | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Olivia | W | 28 | | |
| Alice | D | 16 | | |
| Calist | S | 13 | | |
| Lein | S | 12 | | |
| Lonest | S | 12 | | |
| Ulvier | S | 8 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

6145 HEAD OF FAMILY *L. E. Blane Luke* LOUISIANA
 COLOR *W* AGE *63* BIRTHPLACE E.D. *6* SHEET *2*
 COUNTY Assumption CITY *A*

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----------|------------|
| <i>Ruthma</i> | <i>W</i> | <i>54</i> | |
| <i>Norman</i> | <i>S</i> | <i>36</i> | |
| <i>John</i> | <i>D</i> | <i>20</i> | |
| <i>Beatrice</i> | <i>D</i> | <i>17</i> | |
| <i>Mandy</i> | <i>D</i> | <i>11</i> | |
| <i>George</i> | <i>S</i> | <i>9</i> | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

6145 HEAD OF FAMILY *L. E. Blane Luke*
 COLOR *W*

| | | | | | |
|-------------------------|------------|----------------|------|------------|---------------------|
| 21415 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 49 | BIRTHPLACE | Le Blanc, Louisiana |
| COUNTY | Assumption | | | E.D. | 10 |
| | | | | SHEET | 10 |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugenie | | W | 40 | | |
| Louis | | S | 25 | | |
| Eliza | | D | 23 | | |
| David | | S | 21 | | |
| Frederic | | S | 16 | | |
| Abel | | S | 13 | | |
| Ber | | S | 10 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----|------------|
| 1 Alexander | S | 3 | |
| Elmore | S | 14 | |
| Landry, Severin | FL | 70 | |
| | | | |
| | | | |
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FORM 10-636a (4-27-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECORDED 15100-5-61

| | | | | | |
|---|---|---|------------|--|-------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 4 | BIRTHPLACE | E.D. 139 SHEET 27 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Vermillion | | |
| RELATIONSHIP TO ABOVE | | | Leblanc B. | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|------------|---|-------------------|--|----------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 9 | BIRTHPLACE | LeBlance, Luma |
| COUNTY | St. Landry | | CITY | E.D. | 158 |
| ENUMERATED WITH | | | SHEET 17 | | |
| RELATIONSHIP TO ABOVE | | | LeBlance, William | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S S | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|-----|--------------------|------|-----------|-------|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 16 | | | 92 | 18 |
| COUNTY | | | CITY | | |
| Rapides | | | | | |
| ENUMERATED WITH | | | | | |
| Blanchard, Newton C Jr. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----|--|-------|
| 8145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | Lydia |
| COUNTY | | Iberville | | CITY | |
| ENUMERATED WITH | | New Iberia | | | |
| RELATIONSHIP TO ABOVE | | Fisher, Walter | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 21 45 | | NAME OF INDIVIDUAL
<i>Leblanc M</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>30</i> | BIRTHPLACE | | E.O.
<i>81</i> | SHEET
<i>39</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Rapides</i> | | CITY
<i>Alexandria</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Worthy, Morris</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-01

| | | | | |
|---|--|------------|-------------------|--------------------|
| L145 | NAME OF INDIVIDUAL
<i>Le Blanc, Mabel</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>4 1/2</i> | BIRTHPLACE | E.D.
<i>65</i> | SHEET
<i>19</i> |
| COUNTY
<i>Lafayette</i> | CITY | | | |
| ENUMERATED WITH
<i>Weber, George</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19108-P61

| | | | | | |
|--|---|--|----|--|------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | 29.5 |
| COUNTY | | Jefferson | | CITY | |
| ENUMERATED WITH | | | | | |
| Lablone John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| L. L. | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 48 | BIRTHPLACE | Madison |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mystalia | | a | 41 | | |
| Wida | | D | 17 | | |
| Augustus | | S | 15 | | |
| Mia | | D | 14 | | |
| Wilhel | | S | 11 | | |
| Joseph | | S | 7 | | |
| Leonce | | S | 2 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. |
| W | 35 | Maderia | 21 |
| COUNTY | SHEET | | |
| Iberia | 8 | | |
| CITY | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Emilia | W | 21 | |
| Delene | S | 12 | |
| Madera | S | 8 | |
| Leroy | S | 6 | |
| + Lho | S | 4 | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | |
|-------------------------|----------------|------------------|------------|-------|
| L145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 11 | 31 | Leblanc, Madison | 21 | 4 |
| COUNTY | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Norma | 4 | 26 | | |
| Mary | 5 | 9 | | |
| Rena | 3 | 8 | | |
| Lena | 2 | 6 | | |
| Maria | 5 | 3 | | |
| Reba | 2 | 1 | | |
| Leblanc, Madison | C | 19 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

41 Ser

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----------|---|------|--|-------------------|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 76 | BIRTHPLACE | Le Blanc, Madelon |
| COUNTY | Ascension | | CITY | Ronaldsonville | |
| ENUMERATED WITH | | Le Blanc, Leo | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input checked="" type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 15186-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 64 | BIRTHPLACE | La Blane Maline |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Armantite | | W | 48 | | |
| Ladies | | D | 16 | | |
| Eddie | | S | 13 | | |
| Elmer | | S | 11 | | |
| Willie | | S | 4 | | |
| Simas | | S | 3 | | |
| Carmelite | | M L | 79 | | |

FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE: 1969-7-61

HEAD OF FAMILY

| | | | | | |
|-------------------------|----|----------------|------------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| COUNTY | 48 | 48 | Calcasieu | 45 | 21 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Sam | | W | 3 | | |
| 1 Sam | | L | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------|--|----------------|--|
| L 145 | | HEAD OF FAMILY | |
| COLOR | | | |

| | | | | |
|-------------------------|------------------------|-------------------------|------------|----------------|
| L 145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W B | AGE
21 | BIRTHPLACE
Ascension | | E.D. 6 SHEET 2 |
| COUNTY | CITY
Donaldsonville | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| — Olivia | W | 19 | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--------|----------------|
| L 145 | HEAD OF FAMILY |
| COLOR | AGE |
| COUNTY | BIRTHPLACE |

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|--------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W. | AGE | 54 | BIRTHPLACE | Marcel |
| COUNTY | Iberia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Josephine | W. | 49 | | | |
| Lucien | S. | 22 | | | |
| Lenore | D. | 15 | | | |
| Clara | S. | 20 | | | |
| Clara | S. | 17 | | | |
| Clara | S. | 15 | | | |
| Clara | S. | 11 | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATION-
SHIP

AGE

BIRTHPLACE

FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 14788-P63

HEAD OF FAMILY

DISCOM-DC 1450-1-01

| | | | | | |
|-------------------------|---------|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | |
| | | | | E.D. | SHEET |
| | | | | 69 | 15 |
| COUNTY | | Lafayette | | CITY | |
| | | | | Lafayette | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Oleta | W | 26 | | |
| | Lillian | D | 9 | | |
| | Otton | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L145 | HEAD OF FAMILY |
| COLOR | |
| | |

LOUISIANA

| | | | | | |
|-------------------------|---|----------------|------|------------|----------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 4 | AGE | 49 | BIRTHPLACE | Marcelin |
| COUNTY | | | E.O. | 127 | SHEET 16 |
| St. Martin | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Léon | | 1 | 39 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---------|---|------|--|----------------------|
| LIYS | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 66 | BIRTHPLACE | Le Blak, Marceline B |
| COUNTY | Rapides | | CITY | Alexandria | |
| ENUMERATED WITH | | | | | |
| Le Blak, Alphonse J | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

1910-1911

| | | | |
|-------------------------|--------------|-------------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 52 | Le Blanc Marcella | 19 10 |
| COUNTY | CITY | | |
| Iberia | New Iberia | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Alexandrea | W | 49 | |
| Leon | S | 21 | |
| Norma | S | 19 | |
| Sidney | S | 15 | |
| Edna | S | 17 | |
| Jean | S | 12 | |
| Marcella Jr | S | 10 | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910-1911

| |
|----------------|
| HEAD OF FAMILY |
| L145 |

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|----------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 16 | AGE | 24 | BIRTHPLACE | E.D. 40 |
| COUNTY | | | | | SHEET 34 |
| Lafourche | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Alida | W | 25 | | | |
| George | S | 3 | | | |
| Travis | S | 1 1/2 | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|--------------------|
| L145 | NAME OF INDIVIDUAL |
|------|--------------------|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------------|------------|------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|---|--|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 5.3 | BIRTHPLACE | La Blane, Marciellesup | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | St. Mary | | CITY | E.D. | 87 | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | SHEET 8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | Goucheaux Paul | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P61

| | | | | | |
|---|---|---|---|--|-----------------------|
| 5,45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 | BIRTHPLACE | Le Blane, Mississippi |
| COUNTY | | St. Mary | | CITY | Franklin |
| ENUMERATED WITH | | | | | |
| Jakes, Catherine | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16160-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 8 | BIRTHPLACE | 136 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Vermillion | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Addison Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| 2145 | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Maria | | 104 | 39 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Terrebonne | | Houma | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Louis | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Si</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Si | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Si | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|--|-----|---|--|--|-------|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 15 | Liliane Maria M | | 50 | 9 |
| COUNTY | | CITY | | | |
| IBerville | | | | | |
| ENUMERATED WITH | | | | | |
| Circ. Paul, N | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------------------|
| L195 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | LaBlanc, Maria Yhia |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Cuddia | H | 8 | | | |
| Henry | S | 6 | | | |
| Lucas | S | 5 | | | |
| Thomas | S | 3 | | | |
| Ezore | D | 1 | | | |
| | | | | | |
| | | | | | |

FORM 15-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|--------------------|-----------|
| 2115 | NAME OF INDIVIDUAL | LOUISIANA |
|------|--------------------|-----------|

| | | | | | |
|--|---|---|----|---|------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | E. D. 74 SHEET 4 |
| COUNTY | | Lafayette | | CITY | |
| ENUMERATED WITH | | | | | |
| Richard P. Francois | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
LS | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P-61

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mn | 75 | | | 70 | 27 |
| COUNTY | | CITY | | | |
| Lafayette | | Lafayette | | | |
| ENUMERATED WITH | | | | | |
| Skinner, William D. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input checked="" type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15106-P61

| | | | |
|--|------------------|-------------------|--------------------|
| NAME OF INDIVIDUAL
<i>Mrs. Le Blanc Marie</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>14</i> | E.D.
<i>78</i> | SHEET
<i>14</i> |
| COUNTY | | CITY | |
| <i>Iberia</i> | | <i>New Iberia</i> | |
| ENUMERATED WITH
<i>Niguel Octave</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div><input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE</div> <div><input type="checkbox"/> NEPHER
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW</div> <div><input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)</div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL <i>Le Blanc, Marie</i> |
| E.O. 94 | SHEET 3 |
| COLOR <i>W</i> | AGE <i>17 1/2</i> BIRTHPLACE |
| COUNTY <i>East Baton Rouge</i> | CITY |
| ENUMERATED WITH <i>Le Blanc, Johnchain</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>G Ch</i> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P61

LOUISIANA

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| HEAD OF FAMILY | | E.O. | SHEET |
| 2145 | S. Blane Marie | | 10 4 |
| COLOR
W | AGE
54 | BIRTHPLACE | |
| COUNTY
Assumption | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Charlie | D | 36 | |
| John | S | 18 | |
| Edna | D | 29 | |
| Wallace | S | 13 | |
| Delta | D | 8 | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-145 | | NAME OF INDIVIDUAL
<i>Lablanc, Marie</i> | | E.D.
<i>132</i> | SHEET
<i>10</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>16</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Washington</i> | | CITY
<i>Bogalusa</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Victor, Deputy</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WIDOWER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIDOWER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIDOWER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&MS-DC 1910-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 36 | | | 71 | 3 |
| COUNTY | | CITY | | | |
| | | St. James | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|-----------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | ED. 12 SHEET 13 |
| COUNTY | | Iberia | | CITY | |
| ENUMERATED WITH | | Iberia | | | |
| RELATIONSHIP TO ABOVE | | Le Blanc Enoch | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-OC 15100-P01

| | | | | | |
|--|-------|---|------|--|----------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR W | AGE 5 | BIRTHPLACE Lafourne, Marshall | | ED 121 | SHEET 44 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Bachelor, Dorsina | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
5 | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|-------------------|----------------------------------|------------|--------------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | | AGE
39 | BIRTHPLACE
LeBlanc, Thartrial | | E.D. SHEET
71 7 |
| COUNTY
Lafayette | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 32 | | |
| Zoe | | 2 | 2 | | |
| Lucas | | 2 | 7 | | |
| Hubert | | 2 | 5 | | |
| Zoe | | 2 | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|----------------|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 31 | | 5 | 10 |
| COUNTY | | | CITY | | |
| Ascension | | | Donaldsonville | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Rita | | w | 29 | | |
| / Martin Jr | | s | 1 | | |
| / Clare | | D | 4/12 | | |
| Carroll Henrietta | | m-l | 56 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Le Blanc, Mary |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Theresa | | D | 13 | | |
| Allie | | S | 10 | | |
| Paul | | S | 4 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------------|--------------|-------------------|------------|-----------|
| 2145 | HEAD OF FAMILY | | Le Blanc Mary Mrs | | LOUISIANA |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 6 | 5 | | | 109 | 10 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Arthur | | S | 18 | | |
| Lucien | | S | 16 | | |
| Mable | | D | 15 | | |
| Clara | | D | 10 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|---|----------------|-----------|
| 1 | HEAD OF FAMILY | LOUISIANA |
|---|----------------|-----------|

| LOUISIANA | | | |
|-------------------------|--------------|-----|------------|
| HEAD OF FAMILY | | | |
| L145 | | | |
| E.D. | | | |
| SHEET | | | |
| COLOR | AGE | | |
| WHITE | 17 | | |
| BIRTHPLACE | | | |
| COUNTY | | | |
| St. James | | | |
| CITY | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Louis | S | 17 | |
| William | D | 16 | |
| William | S | 15 | |
| William | D | 14 | |
| William | D | 5 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------------|--------------------------------|--|--|
| L 145 | | NAME OF INDIVIDUAL
<i>Le Blanc Mary</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>20</i> | BIRTHPLACE | | E.O.
<i>7</i> | SHEET
<i>21</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Johnson Lizzie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Partner</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Partner</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Partner</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMA-DC 16196-P61

| | | | | | |
|--|-----|--|--|--|--|
| 645 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Mary | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 26 | Tex. | | 110 12 | |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Robert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Les Blanc, Mary | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 43 | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adam | | S | 26 | | |
| Annie | | D-L | 26 | | |
| Albert | | S | 17 | | |
| Arthur | | S | 15 | | |
| Hargrader, Albert | | N.R. | 16 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Mary</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>mu</i> | AGE
<i>20</i> | BIRTHPLACE | | E.D.
<i>105</i> | SHEET
<i>8</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>S. Lundy</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Hessy, Harry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO HOVS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>W</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>W</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>W</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|--|--|---|------------|---|------|
| 7145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. |
| W | | 56 | | | 109 |
| COUNTY | | CITY | | SHEET | |
| St. Landry | | | | 18 | |
| ENUMERATED WITH | | | | | |
| Le Blanc John J. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Li | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Mary | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 63 | | | | |
| COUNTY | | Vermillion | | CITY | |
| | | | | Culacabe | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Gordon S | | | 18 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|----|------------|-----------------|
| L 45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | E.D. 34 SHEET 3 |
| COUNTY | | East Baton Rouge | | CITY | |
| ENUMERATED WITH | | Le Blanc, John | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input checked="" type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P81

| | | | | | |
|--|--|---|--|---|--|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | E.D. | | SHEET | |
| Wm | | 130 | | 9 | |
| AGE | | BIRTHPLACE | | | |
| 30 | | | | | |
| COUNTY | | CITY | | | |
| St. Martin | | Brisson Bridge | | | |
| ENUMERATED WITH | | | | | |
| Alexander, William | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S. | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|--|---|---|----|--|---------------|
| 6145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | L. Blanc Mary |
| COUNTY | | CITY | | E.D. | |
| Assumption | | | | 4 | |
| ENUMERATED WITH | | CITY | | SHEET | |
| Relationship to above | | Dear Emile | | 8 | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Si. L | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&A-DC 10100-P01

| | | | | | |
|-------------------------|------------|----------------|------|------------|--------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | Le Blanc, Mathilda |
| COUNTY | St. Landry | | CITY | E.D. | 1459 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cadeaux, Jean Jacques | | S | 20 | | |
| / Esisto | | S | 17 | | |
| / Eugene | | S | 9 | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 61 | E.D. | 131 |
| | | BIRTHPLACE | | SHEET | 18 |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|----|---|---------|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 3hu | AGE | 30 | BIRTHPLACE | E.D. 70 |
| COUNTY | | Lafayette | | CITY Lafayette | |
| ENUMERATED WITH | | | | | |
| Le Blanc, George | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Li | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE: 1910B-P61

| | | | |
|-------|--|----------------|--|
| 145 | | HEAD OF FAMILY | |
| COLOR | | | |

| | | | | | |
|-------------------------|------------|----------------|------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 28 | Tortibonne | | 104 | 29 |
| COUNTY | Tortibonne | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Joe | | S | 16 | | |
| Cecile | | D | 12 | | |
| Vivian | | S | 10 | | |
| Luzette | | S | 10 | | |
| Luzette | | D | 60 | | |
| Luzette | | S | 2 | | |
| Luzette | | D | 19 | | |
| Luzette | | S | 19 | | |

FORM 10-436 (4-20-31)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------|-----|----------------|--|-----------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 28 | Tortibonne | | 104 | 29 |

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Te-rebonne |
| COUNTY | | | | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amanda | | W | 19 | | |
| Borwick | | S | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|--------------------|
| 2145 | NAME OF INDIVIDUAL |
|------|--------------------|

| | | | | | |
|---|-----------------|---|--|--|--------------------|
| L 145 | | NAME OF INDIVIDUAL
<i>Le Blanc Matilde</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>7</i> | BIRTHPLACE | | ED.
<i>9</i> | SHEET
<i>34</i> |
| COUNTY | | CITY
<i>Assumption</i> | | | |
| ENUMERATED WITH | | <i>Bernsickaux Rosalie</i> | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | |
|--|---|---|------|--|------------------|
| 8/45 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 12 | BIRTHPLACE | Le Blanche Maude |
| E.D. | | SHEET | | | |
| 104 | | 43 | | | |
| COUNTY | | | | | |
| Terrebonne | | | CITY | | |
| New Orleans | | | | | |
| ENUMERATED WITH | | | | | |
| Bacage, Chas W. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

1910-PC1

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 49 | BIRTHPLACE | Le Blanc, Thoms |
| COUNTY | | Acadia | | CITY | Acadia |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Elizabeth | | W | 38 | | |
| Carril | | S | 10 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|--|------------|-------------------|
| 3145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | Le Blanc, Mapumum |
| COUNTY | | | | E.D. | 39 |
| | | | SHEET 22 | | |
| ENUMERATED WITH | | | Lalourche | | |
| RELATIONSHIP TO ABOVE | | | Falgout, Tolini | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | |
|------|----------------|
| 6147 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-----------|
| L143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | Ascension |
| COUNTY | | | | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Adeline | W | 28 | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|--------------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | Le Blanc, Melanite |
| COUNTY | | St. Charles | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input checked="" type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC018A-DC 1818A-P61

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 31 | | | 10 | 4 |
| COUNTY | | CITY | | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sisi | | W | 27 | | |
| Stella | | D | 2 | | |
| Freddy | | S | 12 | | |
| Richard, Clara | | S | 14 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 2 | AGE | 34 | BIRTHPLACE | St. Martin |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Milda | W | 37 | | | |
| Elipia | S | 13 | | | |
| Estelle | S | 11 | | | |
| Essay | S | 9 | | | |
| Arish | S | 7 | | | |
| John | S | 5 | | | |
| Johna | S | 3 | | | |

FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P01

| | | | | | |
|---|----------|--------------------|---|------------|-------------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W. | AGE | 17 | BIRTHPLACE | La Blance, Martin |
| COUNTY | St James | | CITY | E.D. | 71 |
| ENUMERATED WITH | | | SHEET 20 | | |
| RELATIONSHIP TO ABOVE | | | Babin, Felix S. | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18193-P61

| | | | | | |
|---|------------|--------------------|-------|------------|-------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 72 | BIRTHPLACE | Le Blanc, Mississ |
| COUNTY | Assumption | | CITY | E.D. | 10 |
| ENUMERATED WITH | | | SHEET | | |
| RELATIONSHIP TO ABOVE | | | 16 | | |
| <p> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input checked="" type="checkbox"/> UNCLE </p> <p> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </p> <p> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </p> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO/AM-DC 1910-P61

| | | | | | |
|---|-----------------|---|--|--|-------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc</i> | | LOUISIANA | |
| COLOR
<i>Mu</i> | AGE
<i>8</i> | BIRTHPLACE
<i>Millia</i> | | F.D.
<i>105</i> | SHEET
<i>1</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Little</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>Baptiste</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMP-DC 18198-P61

LOUISIANA

NAME OF INDIVIDUAL *Leblanc Muller*

COLOR *L45*

AGE *21*

BIRTHPLACE

E.D. *138*

SHEET *23*

COUNTY *Vermillion*

CITY

ENUMERATED WITH *Bodoine Gerard*

RELATIONSHIP TO ABOVE

☐ FATHER

☐ MOTHER

☐ GRANDFATHER

☐ GRANDMOTHER

☐ GRANDSON

☐ GRANDDAUGHTER

☐ AUNT

☐ UNCLE

☐ NEPHEW

☐ NIECE

☐ FATHER-IN-LAW

☐ MOTHER-IN-LAW

☐ SON-IN-LAW

☐ DAUGHTER-IN-LAW

☐ BROTHER-IN-LAW

☐ SISTER-IN-LAW

☐ INMATE

☐ NURSE

☐ PATIENT

☐ ROOMER

☐ SERVANT

☒ OTHER (Specify)
La.

1910 CENSUS INDEX - INDIVIDUAL

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMP-DC 18198-P61

LOUISIANA

NAME OF INDIVIDUAL *L45*

COLOR

AGE

BIRTHPLACE

E.D.

SHEET

COUNTY

CITY

ENUMERATED WITH

RELATIONSHIP TO ABOVE

☐ FATHER

☐ MOTHER

☐ GRANDFATHER

☐ GRANDMOTHER

☐ GRANDSON

☐ GRANDDAUGHTER

☐ AUNT

☐ UNCLE

☐ NEPHEW

☐ NIECE

☐ FATHER-IN-LAW

☐ MOTHER-IN-LAW

☐ SON-IN-LAW

☐ DAUGHTER-IN-LAW

☐ BROTHER-IN-LAW

☐ SISTER-IN-LAW

☐ INMATE

☐ NURSE

☐ PATIENT

☐ ROOMER

☐ SERVANT

☐ OTHER (Specify)

1910 CENSUS INDEX - INDIVIDUAL

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&MS-DC 1810B-P61

1910 CENSUS INDEX - INDIVIDUAL

NAME OF INDIVIDUAL *Le Blanc Min Jean* LOUISIANA

COLOR *W* AGE *98* BIRTHPLACE COUNTY CITY

ENUMERATED WITH *Le Blanc Eugénar*

RELATIONSHIP TO ABOVE

☐ FATHER
☒ MOTHER
☐ GRANDFATHER
☐ GRANDMOTHER
☐ GRANDSON
☐ GRANDDAUGHTER
☐ AUNT
☐ UNCLE

☐ NEPHEW
☐ NIECE
☐ FATHER-IN-LAW
☐ MOTHER-IN-LAW
☐ SON-IN-LAW
☐ DAUGHTER-IN-LAW
☐ BROTHER-IN-LAW
☐ SISTER-IN-LAW

☐ INMATE
☐ NURSE
☐ PATIENT
☐ ROOMER
☐ SERVANT
☐ OTHER (Specify)

2145

HEAD OF FAMILY

2145

HEAD OF FAMILY

LOUISIANA

COLOR

AGE

BIRTHPLACE

E.D.

SHEET

u

71

102

13

COUNTY

Terrebonne

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Aglaia | u | 69 | |
| Adressa | S | 45 | |
| Mary | D | 37 | |
| Lucretia | u | 7 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2145

HEAD OF FAMILY

| | | | | |
|-------------------------|----------------|---------------------|------------|-----------|
| L145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
31 | BIRTHPLACE
maise | | E.D.
2 |
| COUNTY
Acadia | | SHEET
24 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Doris | W | 30 | | |
| Ray | S | 9/12 | | |
| Baudiney | Bo | 50 | | |
| Le Blanc Ageline | Y | 60 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 5145 | | NAME OF INDIVIDUAL
<i>LeBlanc Marie</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>8</i> | BIRTHPLACE | | E.O.
<i>132</i> | SHEET
<i>41</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Martin</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>LeBlanc Adrian</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|---|---|---|----|--|----|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 75 | BIRTHPLACE | |
| | | | | E.D. | 8 |
| | | | | SHEET | 21 |
| COUNTY | | Acadia | | CITY | |
| ENUMERATED WITH | | | | | |
| Le Blanc, Guya To Jean | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input checked="" type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1818B-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 67 | BIRTHPLACE | Le Blanc, Mrs Monroe |
| COUNTY | | Vermillion | | CITY | 14219 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Euclyde May | | Ad | 10 | | |
| Le Blanc, Mrs | | GS | 27 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|--------------------|
| 1145 | NAME OF INDIVIDUAL |
|------|--------------------|

| | | | | | |
|---|---|--------------------|----|------------|------------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Le Blanc, Monroe |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15198-P61

| | |
|-------|----------------|
| P. 15 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| P. 45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 42 | | | 139 | 17 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alicia | | W | 36 | | |
| Basile | | S | 18 | | |
| Eugenie | | D | 16 | | |
| Mary | | D | 13 | | |
| Edith | | D | 11 | | |
| Eddie | | S | 8 | | |
| Leonard | | S | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

5-100000 - 14900000

HEAD OF FAMILY

| | | | | | |
|-------------------------|-----|------------------|-------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 24 | Le Blanc, Myrtle | | 10 | 4 |
| COUNTY | | CITY | | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bernadette | | W | 19 | | |
| Willie | | S | 4 1/2 | | |
| Rodrigue, Louisiana | | S. L. | 15 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 53 | BIRTHPLACE | Le Blanc, Nacosse |
| COUNTY | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alexandria | | W | 50 | | |
| Eugene | | S | 24 | | |
| Marie | | D | 23 | | |
| John | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|----|------------|----------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 72 | BIRTHPLACE | 90 |
| COUNTY | | St. Mary | | CITY | Franklin |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&A-DC 16100-P61

145
 COLOR 13
 AGE 68
 BIRTHPLACE
 COUNTY
 Vermillion
 CITY
 LOUISIANA
 E.D. 136
 SHEET 35

| OTHER MEMBERS OF FAMILY | | | |
|-------------------------|--------------|-----|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| James | H | 68 | |
| Charles | S | 28 | |
| James | S | 17 | |
| Marion | S | 15 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|-------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 77 | BIRTHPLACE | Le Blanc, Natchez |
| COUNTY | | Terrebonne | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input checked="" type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WIMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

USCOMM-DC 1910b-P61

| | | | | | |
|---|---|--------------------|-------|------------|---------|
| 5145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 1/2 | BIRTHPLACE | Eastern |
| COUNTY | | Iberia | | CITY | |
| ENUMERATED WITH | | | | | |
| De Rosee Crville | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>G-ll</u> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910b-P61

| | | | | | |
|---|----|--------------------|---|------------|-----|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | mu | AGE | 51 | BIRTHPLACE | |
| | | | | E.D. | 100 |
| | | | | SHEET | 10 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | St. Landry | | |
| RELATIONSHIP TO ABOVE | | | Pryor Gabriel | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|-------------------------|---|----------------|-------------|------------|-----------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | La Blane Nathan |
| | | | | E.D. | 26 |
| | | | | SHEET | 1 |
| COUNTY | | | Baton Rouge | | |
| CITY | | | Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 42 | | |
| Camille | | D | 25 | | |
| Thomas | | S | 20 | | |
| Lucas | | D | 12 | | |
| Edw | | D | 8 | | |
| East Baton | | | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|-------|--|-------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 7 1/2 | BIRTHPLACE | Leblanc New |
| COUNTY | | St. Mary | | CITY | |
| ENUMERATED WITH | | Leblanc Paul | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|---|---|--------------------|------|------------|-----------------|
| 8145- | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 13 | BIRTHPLACE | Le Blanc, Texas |
| | | E.D. | 39 | SHEET 7 | |
| COUNTY | | | CITY | | |
| Latourche | | | | | |
| ENUMERATED WITH | | | | | |
| Gaudet, Charles | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| | | | | | |
|--|------------------|--|--|--|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Leliane Fille</i> | | LOUISIANA | |
| COLOR
<i>w</i> | AGE
<i>16</i> | BIRTHPLACE | | E.D.
<i>127</i> | SHEET
<i>16</i> |
| COUNTY | | CITY | | | |
| ENUMERATED WITH
<i>Leliane Soothere</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&GPS-DC 1910-PS1

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | a | AGE | 54 | BIRTHPLACE | Le Blanc, Niverville |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1/2 | | a | 51 | | |
| 1/2 | | S | 13 | | |
| 7/1 Bi | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | LeBlanc, Newville |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Genevieve | | W | 50 | | |
| Sylvester | | S | 15 | | |
| Katherine | | D | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|------|
| 6145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 20 | BIRTHPLACE | Ohio |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | Stone Clark W | | | |
| RELATIONSHIP TO ABOVE | | Melville | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>d</u> </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------------------|---|
| L 143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 64 | E.D. | 4 |
| | | BIRTHPLACE | | SHEET 14 | |
| COUNTY | | Ascension | | CITY | |
| | | | | Boudreauxville Village | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Sidney | | S | 24 | | |
| Delferes, Joseph | | B | 53 | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|--------------|-------------------|------------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| 5445 | | Le Blanc, Nicaise | | | |
| COLOR | W | AGE | 49 | BIRTHPLACE | |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Julia | W | 40 | | | |
| Adeline | S | 24 | | | |
| Noemie | D | 22 | | | |
| Odelle | D | 18 | | | |
| Ronald | S | 13 | | | |
| Edith | D | 9 | | | |
| Lumina | D | 6 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

[illegible]

NAME _____

RELATIONSHIP

A 1, 6

BIRTHPLACE

Maurice

5

5

Athenese

DL

17

René

651

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM 10-6360 (420 E)
INDEX

FORM 10-6360 (4-20-61)
1910 CENSUS INDEX - FAMILY (Continued)

DISCONTINUED 18 MAR 61

LOUISIANA

| | | | |
|---|---|---|-------------------|
| 2145 | NAME OF INDIVIDUAL
<i>Le Blanc, Nicholas</i> | E.O.
<i>10</i> | SHEET
<i>1</i> |
| COLOR
<i>W</i> | AGE
<i>10</i> | BIRTHPLACE
<i>Ascension</i> | |
| COUNTY | | CITY | |
| ENUMERATED WITH
<i>Contreau, Richard</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | | |
|----------------------------|---|--------------|------------------|--------------------|
| <i>L 145</i> | HEAD OF FAMILY
<i>Le Blanc, Nicholas B</i> | | E.O.
<i>2</i> | SHEET
<i>15</i> |
| COLOR
<i>W</i> | AGE
<i>50</i> | BIRTHPLACE | | |
| COUNTY
<i>Ascension</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Cora L.</i> | | <i>W</i> | <i>51</i> | |
| <i>Edna M.</i> | | <i>D</i> | <i>19</i> | |
| <i>Robert C.</i> | | <i>S</i> | <i>17</i> | |
| <i>Madame J.</i> | | <i>S</i> | <i>3</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|--------------------|--|-----------|--------------------|--------------------|
| 2145 | | HEAD OF FAMILY
<i>Leblanc Nicolas</i> | | E.D.
<i>138</i> | SHEET
<i>22</i> |
| COLOR | AGE
<i>W 68</i> | BIRTHPLACE | | | |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | |
| <i>1 Eugenie</i> | | <i>W</i> | <i>64</i> | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|--------------------|------------|------------|-------|
| P. 45 | HEAD OF FAMILY | | E. D. | SHEET |
| | Le Blanc, Nicholas | | 133 | 37 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 35 | | | |
| COUNTY | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Castie | W | 34 | | |
| Anna | D | 13 | | |
| Edward | S | 1 | | |
| Lue | S | 2 | | |
| Everett | S | 3 | | |
| | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|--|-------------------|------------|------------|--|--|--|
| L145 | HEAD OF FAMILY
<i>De Blane, Nichols</i> | | E.D.
10 | SHEET
4 | | | |
| COLOR
W | AGE
27 | BIRTHPLACE | | | | | |
| COUNTY
Assumption | CITY | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | | | |
| Marie | | W | 21 | | | | |
| Auguste | | S | 4 | | | | |
| Sophia | | D | 2 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc Nolan | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 4 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Acension | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Rondalsonville | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Le Blanc A. J. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 22 | | | 134 1 |
| COUNTY | | | Vermillion | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Emma | | W | 20 | | |
| / Aline | | D | 8 1/2 | | |
| La Bl / Yvonne | | B | 38 | | |
| / Edward | | N | 17 | | |
| / Yvonne | | N | 11 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| 245 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 59 | Laffin, Norman | | 45 | 8 |
| COUNTY | Calcasieu | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Prena | | W | 55 | | |
| Pawin | | S | 32 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|---|------------|--|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LeBlanc, Morris | | E.D. | | SHEET | |
| COLOR | W | AGE | 2 | BIRTHPLACE | |
| COUNTY | | Lafourche | | CITY | |
| ENUMERATED WITH | | LeBlanc, Beaurgard | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 18-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | |
|-------------------------|--------------|-----------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | E.D. | SHEET |
| White | 50 | 12 | 3 |
| BIRTHPLACE | | | |
| COUNTY | | CITY | |
| Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lylronia | W | 46 | |
| Albert | S | 27 | |
| Fredrick | S | 22 | |
| Cora | D | 20 | |
| Emma | D | 17 | |
| Robert | S | 11 | |
| Joseph | S | 11 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8143 | NAME OF INDIVIDUAL
Le Blanc Thomas | | E.D.
104 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
26 | BIRTHPLACE | SHEET
54 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Ic rebonne | | CITY
Houma | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
David Annie | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | | | |
|-------------------------|---|----------------|-----|---------------|--|-----------|----|
| L145 | | HEAD OF FAMILY | | Leblanc, Anna | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | | E.O. | 47 |
| | | | | | | SHEET | 13 |
| COUNTY | | | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Lucile | | W | 42 | | | | |
| Elie | | A | 14 | | | | |
| Felix | | A | 8 | | | | |
| | | | | | | | |
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FORM 10-634 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 245 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 16 | ✓ | | | 33 | 36 |
| COUNTY | | CITY | | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| John | 6 | 5 | | | |
| Robert | 5 | 9 | | | |
| Miss | 5 | 17 | | | |
| Joseph | 5 | 5 | | | |
| John | 2 | 3 | | | |
| John | 5 | 5 | | | |
| Antoine | 5 | 8 | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|-----------|----------------|-----|---------------------|----|-----------|----|
| L145 | | HEAD OF FAMILY | | Le Blanc, Nureville | | LOUISIANA | |
| COLOR | W | AGE | 85 | BIRTHPLACE | | E.D. | 65 |
| COUNTY | Lafayette | | | CITY | 28 | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Josephine | | W | 78 | | | | |
| Richard, Jr. | | S.O. | 8 | | | | |
| Le Blanc, Pierre | | S | 40 | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|--------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| La Blanc, A. L. | | ED 37 | | SHEET 14 | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 41 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lilly A | | w | 34 | | |
| Laurie A | | d | 4 | | |
| Amelia L | | m | 46 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|---|----------------|-----|------------|-----------------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | La Blane Acadie |
| COUNTY | | Vermillion | | CITY | |
| | | | | Lutcanbre | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lemon | | W | 33 | | |
| Alpha | | S | 16 | | |
| Arson | | D | 12 | | |
| Argiron | | S | 9 | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|------------------|
| 45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | La Blane, Octave |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elyse | | W | 31 | | |
| Patrice | | D | 1 1/2 | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|--|--|--|--------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L45- | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | Iberia | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mu | 50 | | | 3 | 3 |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Margaret | | w | 36 | | |
| Louisa | | d | 3 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Le Blanc, Actone |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Malonie | | W | 24 | | |
| Nassie | | D | 11 | | |
| Nassie | | M | 77 | | |
| | | | | | |
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FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | |
| COUNTY | | Ascension | | CITY | Donaldsonville Vlbz |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Babin, Laura | | D | 26 | | |
| Adeline | | D | 18 | | |
| Wester | | D | 14 | | |
| Le Blanc Angel | | D | 35 | | |
| Ramirez Kalland | | G-S | 9 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 5 | Lablane, Octavia | | 99 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Mary | | Berwick | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dingen, Henry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

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| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 9 | Le Blanc, Oheal. | | 133 | 27 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc, Selma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPM-DC 1910-P61

| | | | | | | | |
|-------------------------|---|----------------|-----|------------------|--|-----------|----|
| 4145 | | HEAD OF FAMILY | | Le Blanc Adolore | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | | E.D. | 76 |
| | | | | | | SHEET | 13 |
| COUNTY | | | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| / Marie | | W | 44 | | | | |
| / Paul | | S | 13 | | | | |
| / George | | S | 7 | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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| NAME OF INDIVIDUAL
<i>Le Blanc Adile</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>5</i> | BIRTHPLACE
<i>133</i> | SHEET
<i>37</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Broussard Antoine</i> | | RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------------|------------|-----------|-------|
| 2145 | | Le Blanc Adreese | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 44 | | | | |
| COUNTY | | Irebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Octavia | W | 40 | | | |
| Mame | D | 16 | | | |
| Shelly | S | 15 | | | |
| Ellie | S | 13 | | | |
| Nolan | S | 11 | | | |
| Alone | D | 9 | | | |
| James | S | 7 | | | |

FORM 10-638 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc Adresse | | E.D. | | SHEET | |
| COLOR | W | AGE | 28 | BIRTHPLACE | |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosie D | | W | 22 | | |
| Emma | | D | 2 | | |
| Erma | | D | 1 5/8 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|----------------|-----|------------|-----|
| 5145 | | HEAD OF FAMILY | | Leblanc Office | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | | E.D. | 139 |
| | | | | | | SHEET | 10 |
| COUNTY | | | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Espana | | | | W | 19 | | |
| Renee | | | | S | 3 | | |
| Raul | | | | S | 1 | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le. Blanc Adile | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 37 | | | | |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Matilda | | W | 36 | | |
| Clara | | D | 15 | | |
| Orlance | | D | 14 | | |
| Lulain | | D | 13 | | |
| Lynail | | S | 9 | | |
| Alton | | S | 5 | | |
| Hazel | | D | 1 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-------------|------------|------|
| 245 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 53 | Blanc Djane | | 10 |
| COUNTY | | CITY | | SHEET | |
| Ascension | | | | 11 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Estelle | | W | 37 | | |
| Benjamin | | S | 12 | | |
| Lucien | | S | 10 | | |
| Joseph | | S | 7 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 141 21 | |
| 6 | 21 | | | | |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 F. L. L. L. | | W. | 18 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|------|--|--------------------|
| L-45- | | NAME OF INDIVIDUAL
<i>Leblanc Olive</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>31</i> | BIRTHPLACE | | E.D.
<i>79</i> | SHEET
<i>14</i> |
| COUNTY | | | CITY | | |
| ENUMERATED WITH <i>Pointe Coupee</i>
<i>Morrison Edward</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE 15195-P61

| | | | | | |
|--|-----------------|---|--|--|--------------------|
| R-145 | | NAME OF INDIVIDUAL
<i>Leblanc</i> | | LOUISIANA | |
| COLOR
<i>W.</i> | AGE
<i>5</i> | BIRTHPLACE
<i>Shine</i> | | E.O.
<i>79</i> | SHEET
<i>14</i> |
| COUNTY
<i>Pointe Coupee</i> | | CITY | | | |
| ENUMERATED WITH
<i>Morrison Edward</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> WIFE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (14-20-81)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15COMM-10C 15109-P41

15109-P-1

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 53 | | 142 | 14 |
| COUNTY | | | Vermillion | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lela | | D | 57 | | |
| Furness | | S | 29 | | |
| Kay P | | S | 20 | | |
| Dora | | D | 18 | | |
| Edith | | D | 16 | | |
| Cyril | | S | 12 | | |
| Oliver | | S | 10 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

NAME

RELATIONSHIP

AGE

BIRTHPLACE

21

P

7

John

D

5

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

19/04/2015 15:00:15

| | | | | | | | |
|-------------------------|---|----------------|-----|--------------------|--|-----------|-----|
| 5745 | | HEAD OF FAMILY | | Le Blanc, Oliver E | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | | E.D. | 142 |
| | | | | | | SHEET | 7 |
| COUNTY | | Vermillion | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Ida | | W | 24 | | | | |
| Frita | | D | 5 | | | | |
| Lennie | | D | 2 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---------|--------------------|------|------------|------------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 3 | BIRTHPLACE | E.D. 61 SHEET 23 |
| COUNTY | Bossier | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>S</i> </div> </div> | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18185-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Ollann | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 50 | | | | |
| COUNTY | | Warrville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 44 | | |
| Robert | | S | 23 | | |
| Cullen | | S | 22 | | |
| Allen | | S | 17 | | |
| Regina | | D | 13 | | |
| Cora | | D | 11 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------------|-----------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L1 45 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 6 | E.O. | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Donaldsonville | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc A. J. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Omer | | E.D. | | SHEET | |
| COLOR | W | AGE | 27 | BIRTHPLACE | |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Nanase | | W | 24 | | |
| Leon | | S | 7 | | |
| Lionce | | S | 4 | | |
| Juliette | | D | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 04 | | 126 | A |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John A. | | W | 61 | | |
| Marion | | S | 11 | | |
| Margaret | | D | 35 | | |
| Lester Sidney | | S | 14 | | |
| Patricia Edith | | S | 11 | | |
| John | | S | 4 | | |
| Lester | | S | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 25 | Blanc Neal | | 133 | 38 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| G. de | | W | 22 | | |
| H. de | | S | 3 | | |
| M. de | | S | 1 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|----------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 12 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | Donaldsonville | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Le Blanc A. J. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 19-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1919B-P&I

| | | | | | |
|--|---|--------------------|--------|-----------|-------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc | | O'Neil | | E.O. | SHEET |
| COLOR | W | AGE | 2 | 23 | 23 |
| BIRTHPLACE | | | | | |
| COUNTY | | | Iberia | | |
| | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Bastard James | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPING-DC 15103-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Iberia | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|-----------|-----|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 415 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 49 | E.D. | 143 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Vermillion | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Greydan | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | LeBlanc, Jules | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P81

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------------|
| 8145- | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | La Blane, Mississippi |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 40 | | |
| | | | | | |
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FORM 16-436 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Eugene | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | H | 41 | | |
| Elnora | | D | 19 | | |
| Eugene | | S | 18 | | |
| Elnora | | D | 15 | | |
| Clara | | S | 11 | | |
| Elnora | | D | 8 | | |
| Eugene | | S | 7 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|------------------|
| P45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | Le Blanc, Oregon |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mrs. A. | W | 35 | | |
| | Louis | D | 16 | | |
| | Maud | D | 14 | | |
| | Bernard | S | 12 | | |
| | Eliza | D | 10 | | |
| | Lea | S | 8 | | |
| | Isabella | D | 5 | | |

FORM 10-436 (4-20-61)

1920 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 23 | | | 137 19 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 19 | | |
| Jennette | | S | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-------------------|------------|------------|
| 143 | Le. Blance Anzime | E.D. | SHEET |
| COLOR | AGE | 123 | 31 |
| W | 68 | BIRTHPLACE | |
| COUNTY | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Caroline | w | 66 | |
| Alphonse | s | 37 | |
| Louis | s | 29 | |
| Robertson Lucille | gcl | 13 | |
| Barrie Arthus | gcl | 19 | |
| Henry | gcl | 17 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc Arare | | E.D. | | SHEET | |
| COLOR | W | AGE | 26 | BIRTHPLACE | |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| Kuney Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 10100-P01

| | | | | | |
|-------------------------|--------|----------------|------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | Urodine | | E.D. | SHEET |
| COLOR | W | AGE | 35 | 8 | 18 |
| BIRTHPLACE | | | | | |
| COUNTY | Acadia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Angelia | | W | 44 | | |
| Stutzue | | W | 13 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|------------------------|--------------|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | <i>Le Blanc, Arlan</i> | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>W</i> | <i>20</i> | | | | |
| COUNTY | | CITY | | | |
| <i>Acadia</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Loftene</i> | | <i>w</i> | <i>17</i> | | |
| <i>Vallinger</i> | | <i>s</i> | <i>4 1/2</i> | | |
| <i>Joseph</i> | | <i>b</i> | <i>19</i> | | |
| <i>Green John</i> | | <i>bro</i> | <i>30</i> | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 25 | | 135 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | COUNTY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landry, Ida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H 74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|------------|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, Orestile | | E.D. | | SHEET | |
| COLOR | W | AGE | 60 | BIRTHPLACE | |
| COUNTY | Assumption | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Augustine | | H. | 58 | | |
| Leonard | | S. | 24 | | |
| Aline | | D. | 30 | | |
| Clinton | | S. | 22 | | |
| Cedonia | | D. | 17 | | |
| Blanchard, Josephine | | M.L. | 82 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc, Orey | | E.D. | SHEET |
| COLOR | AGE | 143 | 8 |
| w | 25 | BIRTHPLACE | |
| COUNTY | Vermillion | CITY | |
| | | Bureydan | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Edouice | w | 19 | |
| Bill | s | 2 | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| Deblanc, William | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| cc | 33 | Iberia | | 21 | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emile | | Si | 40 | | |
| Joseph | | Bo | 19 | | |
| Catherine | | Si | 15 | | |
| J. L. Ho | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|---------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | La Blane Orrilian | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| MW | 42 | | | | |
| COUNTY | | | CITY | | |
| Acadia | | | Crowley | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Frangine | | w | 43 | | |
| Jeanette | | add | 12 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------------|----------------|------------------|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| E. D. | | SHEET | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 28 | | | | |
| COUNTY | East Baton Rouge | | CITY | | |
| | East Baton Rouge | | East Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|------------------|---|--|---|-------------|
| L145 | | NAME OF INDIVIDUAL
<i>Lelanc, Ophelia</i> | | E.O.
3 | SHEET
22 |
| COLOR
<i>W</i> | AGE
<i>40</i> | BIRTHPLACE | | | |
| COUNTY
<i>Acadia</i> | | CITY | | | |
| ENUMERATED WITH
<i>Lelanc, Theo</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15105-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| La Blanc, Ophelia | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 71 | | | | |
| COUNTY | | CITY | | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| 5145 | | HEAD OF FAMILY | | E.O. | SHEET |
| Le Blaine Oscar | | | | 39 | 37 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Margaret | | W | 27 | | |
| John L | | S | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|--------------------|------|------------|-------|
| 2945 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Blanc Oscar Mrs | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 45 | | | | |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lionel | | S | 26 | | |
| Aline | | D | 21 | | |
| John | | S | 18 | | |
| Lea | | D | 16 | | |
| Richard | | S | 13 | | |
| Dulaine | | D | 11 | | |
| Hermina | | D | 9 | | |

Form 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|------------------|--|------|-------|
| L145 | | HEAD OF FAMILY | | Leblanc, Oscar L | | E.O. | SHEET |
| COLOR | W | AGE | 58 | BIRTHPLACE | | 40 | 34 |
| COUNTY | | Lafourche | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 Maria | | W | 57 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L145 | NAME OF INDIVIDUAL
<i>Le Blanc Otto</i> |
| E.D.
133 | SHEET
24 |
| COLOR
<i>W</i> | AGE
21 |
| BIRTHPLACE | |
| COUNTY
Vermillion | CITY |
| ENUMERATED WITH
<i>Corneaux Henry</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>H</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

| LOUISIANA | | | |
|-------------------------|--------------------------------|-----|------------|
| 9145 | HEAD OF FAMILY Loflen, Gustine | | |
| E.D. 98 | SHEET 14 | | |
| COLOR B | AGE 28 | | |
| BIRTHPLACE | | | |
| COUNTY St. Mary | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Alice | d | 17 | |
| Miller | s | 9 | |
| Kate | d | 7 | |
| Bobby | s | 5 | |
| Robert | s | 2 | |
| | | | |
| | | | |
| | | | |

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|-----------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 40 | Leblanc, Ouerne | 132 | 25 |
| COUNTY | | CITY | | |
| St. Martin | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Antillia | W | 36 | | |
| Agnes | S | 15 | | |
| Ezilda | S | 13 | | |
| Moroad | S | 12 | | |
| Lillia | S | 9 | | |
| Thomas | S | 7 | | |
| Linda | S | 5 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-------------------|--------------|-----|------------|
| Laura | d | 3 | |
| Clina | d | 1 | |
| Robert Mrs Alfred | Ym | 79 | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-100-1001

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|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2143 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc | | Le Blanc | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc Selma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10198-P81

HEAD OF FAMILY - CONTINU

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| MEMBERS OF FAMILY | | | |
|-------------------|--------------|----------|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Helen</i> | <i>S</i> | <i>2</i> | |
| <i>Gennetta</i> | <i>D</i> | <i>2</i> | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPT.

FORM 10 636 (4 25 61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|-------------------------|---|----------------|--------|------------|----------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 23 | BIRTHPLACE | Leblanc, Ovide |
| COUNTY | | | E.D. | 53 | SHEET 9 |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Elise | | W | 22 | | |
| Octavia | | D | 13 1/2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|----------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 56 | BIRTHPLACE | La Blaineville |
| COUNTY | | Lafourche | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1810B-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1145 | | NAME OF INDIVIDUAL
<i>Le Blanc Oya</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>3</i> | BIRTHPLACE | | E.D.
<i>133</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Erat</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Dupres L.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Agaire | | E.D. | | SHEET | |
| COLOR | W | AGE | 33 | BIRTHPLACE | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 60 | Leblanc, Ageme | 47 12 |
| COUNTY | | CITY | |
| Latourche | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Elmire | W | 58 | |
| Joseph | H | 28 | |
| Agnes | D | 24 | |
| Alene | D | 21 | |
| Edna | D | 19 | |
| Lucia | D | 13 | |
| Laura | D | 13 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|-----------|------------|
| <i>Lidney</i> | <i>L</i> | <i>7</i> | |
| <i>Albert</i> | <i>L</i> | <i>3</i> | |
| <i>Abella</i> | <i>W</i> | <i>3</i> | |
| <i>Lucille</i> | <i>W</i> | <i>13</i> | |
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FORM 10-636a 14-20-611

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| LOUISIANA | | | |
|-------------------------|---|--------------|------------|
| 7145 | HEAD OF FAMILY
<i>Leliane, Ozona</i> | | E.D.
77 |
| | SHEET
15 | | |
| COLOR
W | AGE
68 | BIRTHPLACE | |
| COUNTY
Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| / <i>Rose</i> | | W | 74 |
| <i>Rose</i> | | D | 28 |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|----------------|------------------|------|------------|-------|
| 2145 | HEAD OF FAMILY | Le Blanc, Eugene | | E.D. | SHEET |
| | | | | 113 | 14 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 70 | | | | |
| COUNTY | Iberia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Eve | | W | 65 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

P

| | | | | | |
|-------------------------|---|----------------|-----|--------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc, P.H. | | E.D. | | SHEET | |
| COLOR | W | AGE | 75 | BIRTHPLACE | |
| COUNTY | | Ascension | | CITY | |
| | | | | Donaldsville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Augustine P | | W | 71 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

| | | | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|------|--|------------|--|
| L145 | | HEAD OF FAMILY | | LeBlanc, P.J. | | E.O. | | SHEET | |
| W | | 55 | | BIRTHPLACE | | | | | |
| COUNTY | | | | CITY | | | | | |
| East Baton Rouge | | | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Ida | | | | W | | 44 | | | |
| Marta | | | | D | | 23 | | | |
| Lillian | | | | D | | 20 | | | |
| Hallie | | | | D | | 19 | | | |
| Louise | | | | D | | 17 | | | |
| Rosa | | | | D | | 13 | | | |
| James | | | | S | | 11 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-------|------------|
| Fannie | D | 9 | |
| Lda | D | 7 | |
| Barner | S | 3 | |
| Edna | D | 9 1/2 | |
| | | | |
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10-6360-4-20-01

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. COMMERCE 15198-P61

| LOUISIANA | |
|-----------------------------|--|
| L145 | HEAD OF FAMILY
<i>Le Blanc, P. H.</i> |
| E.D.
133 | SHEET
3 |
| COLOR
<i>W</i> | AGE
<i>59</i> |
| BIRTHPLACE | |
| COUNTY
<i>Vermillion</i> | CITY
<i>Erath</i> |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| | AGE |
| | BIRTHPLACE |
| <i>Fedora</i> | <i>W</i> |
| | <i>48</i> |
| <i>Lyle</i> | <i>D</i> |
| | <i>17</i> |
| <i>Walter</i> | <i>W</i> |
| | <i>16</i> |
| <i>Roy</i> | <i>W</i> |
| | <i>9</i> |
| <i>Barbara</i> | <i>W</i> |
| | <i>24</i> |
| <i>Lola</i> | <i>D</i> |
| | <i>25</i> |
| <i>Walter</i> | <i>W</i> |
| | <i>3</i> |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|---------------------------------------|---------------------------------------|------------|-------------|
| L145 | HEAD OF FAMILY
<i>LeBlanc Paul</i> | E.O.
82 | SHEET
37 |
| COLOR
<i>W</i> | AGE
<i>39</i> | BIRTHPLACE | |
| COUNTY
<i>St. John the Baptist</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Paula</i> | <i>W</i> | <i>35</i> | |
| <i>Little</i> | <i>W</i> | <i>16</i> | |
| <i>Walter</i> | <i>D</i> | <i>4</i> | |
| <i>Ray</i> | <i>S</i> | <i>12</i> | |
| <i>Ray</i> | <i>S</i> | <i>12</i> | |
| <i>Ray</i> | <i>D</i> | <i>16</i> | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | Paul | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| mm | 56 | | | | |
| COUNTY | | Asconsion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 49 | | |
| A. Stevens | | d | 17 | | |
| Ellen | | d | 15 | | |
| John | | s | 12 | | |
| Spellman | | s | 10 | | |
| Emma | | d | 7 | | |
| Paul Jr | | s | 5 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS



OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. (20447) 15198-1 61

| | | | | | |
|-------------------------|---|----------------|-----------|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 41 | BIRTHPLACE | |
| | | Leblanc, Paul | | E.D. | SHEET |
| | | | | 61 | 11 |
| COUNTY | | | | | |
| | | | Iberville | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Blanch | | W | 40 | | |
| Louisa | | S | 19 | | |
| Claire | | D | 16 | | |
| Lilak | | D | 14 | | |
| Azzina | | D | 11 | | |
| Leona | | D | 9 | | |
| Thelma | | D | 7 | | |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | LeBlanc, Paul |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bella | | W | 25 | | |
| Lara | | D | 2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|----------------|------------------|------------|----|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | E.D. | 15 |
| | | BIRTHPLACE | | SHEET 1 | |
| COUNTY | Eaton Rouge | | CITY Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Florence | | W | 32 | | |
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FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--------|----------------|-----|--------------|--|-----------|------|
| 6145 | | HEAD OF FAMILY | | Leblanc Paul | | LOUISIANA | |
| COLOR | W | AGE | 49 | BIRTHPLACE | | E.O. | 8322 |
| COUNTY | | | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Emily | W | 52 | | | | |
| | Robert | S | 26 | | | | |
| | Edna | DD | 29 | | | | |
| | Lucy | GD | 3 | | | | |
| | Abella | GD | 2 | | | | |
| | Kare | GD | 7/2 | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

145

| | | | |
|-------------------------|--------------|---------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. |
| W | 41 | Leblanc, Paul | 47 15 |
| COUNTY | | CITY | |
| Lafourche | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Josephine | W | 30 | |
| Nora | D | 11 | |
| Noah | S | 8 | |
| Lester | S | 6 | |
| Raymond | D | 4 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | Paul |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angel | | W | 37 | | |
| Martha | | D | 18 | | |
| Philomere | | D | 15 | | |
| Arthur | | S | 15 | | |
| Romain | | S | 13 | | |
| Julia | | S | 10 | | |
| Alice | | S | 9 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------------------|-------------------|------|------------|
| / Anna | D | 6 | |
| Oscar | S | 3 | |
| Adair | S | 8/12 | |
| Blanchard Mrs. Elise | M L | 29 | |
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FORM 10-636a (4-27-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P-61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Wh | 3 | | | 74 | 6 |
| COUNTY | | CITY | | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ito | | H | 26 | | |
| Edna | | H | 24 | | |
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FORM 10-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|---------|------------|----|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | mu | AGE | 40 | BIRTHPLACE | |
| | | Leblanc, Paul | | E.D. | 61 |
| | | | | SHEET | 24 |
| COUNTY | | | Deville | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 35 | | |
| Josephine | | D | 12 | | |
| Cesar | | S | 8 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|-----------------|------------|------|
| 3145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| man | 40 | Le Blanc, Paula | | 131 |
| COUNTY | SHEET | | | |
| St. Martin | | 12 | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julie | W | 36 | | |
| Aleg | S | 17 | | |
| Arthur | S | 15 | | |
| Alcedie | D | 10 | | |
| Alice | S | 8 | | |
| Lawrence | S | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|--------------|
| R145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 45 | BIRTHPLACE | LeBlanc Paul |
| E.D. | | 132 | | SHEET 55 | |
| COUNTY | | | | | |
| St. Martin | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Louise | w | 30 | | |
| | Clara | S | 12 | | |
| | Mary | D | 10 | | |
| | Joseph | S | 8 | | |
| | Francis | S | 7 | | |
| | Philogene | S | 5 | | |
| | Alma | D | 2 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| MEMBERS OF FAMILY | | | |
|-------------------|-------------------|-----|------------|
| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
| I Arnold | S | 1 | |
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FORM 10-636e (4-20-61)

1970 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

FORM 10-4360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16108-P01

HEAD OF FAMILY

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|----------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | BIRTHPLACE | Le Blanco Paul |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Elizabeth | W | 46 | | | |
| Bernadette | D | 17 | | | |
| Laurent | S | 16 | | | |
| Lucile | D | 13 | | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 32 | BIRTHPLACE | Paul |
| COUNTY | | Ascension | | CITY | Donaldsonville |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Daisy | | W | 26 | | |
| David | | S | 13 | | |
| Bernard | | S | 4 | | |
| Evelyn | | S | 2 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|----------|
| 2445 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 45 | BIRTHPLACE | Paul Tex |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bryant Annie | | HK | 23 | | |
| LeBlanc, Marie | | D | 9 | | |
| Bertha | | D | 6 | | |
| Orel | | S | 3 | | |
| Frank | | S | 1 | | |
| Williams, Sally | | Wife | 23 | | |
| Jesse | | Le. | 25 | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | Le Blanc, Paul |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Melanie | | C | 22 | | |
| Jeanne | | C | 19 | | |
| Rosa | | C | 17 | | |
| Felix | | S | 16 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-----------------------------|---|--------------|------------------|--------------------|
| L145 | HEAD OF FAMILY
<i>Le Blanc, Paul</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>31</i> | BIRTHPLACE | E.D.
<i>1</i> | SHEET
<i>27</i> |
| COUNTY
<i>Assumption</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Eunluia</i> | | <i>W</i> | <i>30</i> | |
| <i>Wilfrida</i> | | <i>S</i> | <i>11</i> | |
| <i>Agnes</i> | | <i>D</i> | <i>9</i> | |
| <i>Florence</i> | | <i>D</i> | <i>7</i> | |
| <i>Inez</i> | | <i>D</i> | <i>4</i> | |
| <i>Guillaume</i> | | <i>S</i> | <i>3/10</i> | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | | |
|-------------------------|----------------|--------------|---------------|------------|-----------|-------|
| L 145 | HEAD OF FAMILY | | LeBlanc, Paul | | LOUISIANA | |
| COLOR | Mu | AGE | 56 | BIRTHPLACE | E.D. | SHEET |
| COUNTY | Assumption | | | CITY | 2 | 29 |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lucy | | w | 57 | | | |
| Georgina | | d | 2 | | | |
| Clairmen, Olivia | | gd | 3 | | | |
| Julia | | gd | 2 | | | |
| | | | | | | |
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FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|-----------------|--|-----------|---|
| 145 | | HEAD OF FAMILY | | Le Blanc Paul M | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | | E.D. | 2 |
| | | | | | | SHEET | 3 |
| COUNTY | | | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Elmire | | W | 31 | | | | |
| Bulah M | | D | 12 | | | | |
| Bernice H | | D | 11 | | | | |
| Leonard C | | 2 | 9 | | | | |
| Myrtle M | | D | 7 | | | | |
| Percy H | | S | 3 | | | | |
| Corah J | | S | 2 | | | | |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------|--------------|-------|------------|
| 1 Harrison P | S | 7 1/2 | |
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FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED 1990-1991

| | | LOUISIANA | |
|-------------------------|-----------------|------------|------------|
| HEAD OF FAMILY | | E.O. | SHEET |
| 2145 | Le Blanc Paul H | 20 | 5 |
| COLOR | AGE | BIRTHPLACE | |
| nu | 38 | | |
| COUNTY | CITY | | |
| East Baton Rouge | Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Francis J | W | 40 | |
| Alfred J | d | 17 | |
| Jane | d | 14 | |
| Paul | S | 12 | |
| Zoe | d | 11 | |
| Summella | d | 9 | |
| Diana | S | 8 | |

FORM 10-336 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 645 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | E.D. | 21 |
| | | BIRTHPLACE | | SHEET 27 | |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lela | | W | 24 | | |
| Paul W 43 | | S | 4 | | |
| Charles L 4 | | S | 2 | | |
| A. Thendin | | B | 22 | | |
| | | | | | |
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Form 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-----|----------------|
| 645 | HEAD OF FAMILY |
|-----|----------------|

| | | | | | | | |
|-------------------------|---|----------------|-----|----------------|--|-----------|-----|
| 6145 | | HEAD OF FAMILY | | La Blanc Percy | | LOUISIANA | |
| COLOR | B | AGE | 27 | BIRTHPLACE | | E.D. | 135 |
| | | | | | | SHEET | 2 |
| COUNTY | | | | CITY | | | |
| West Baton Rouge | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Jackson, Louvenia | | woman | 25 | | | | |
| Budrol, Clevea | | nine | 17 | | | | |
| Washington, George | | S | 12 | | | | |
| Bush, Thomas | | S | 12 | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|------|-----------|--|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET | |
| B | 3 | | 7 | 8 | |
| COUNTY | | | | | |
| Assumpcion | | CITY | | | |
| Enumerated with | | Napoleonville | | | |
| Relationship to above | | Hickman, Caroline | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 Grand-Child </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

19COMM-DC 18105-P&1

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

5-1010-0-01

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-----------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | E.D. 1341 |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Encanto | W | 47 | | | |
| Learick | D | 29 | | | |
| Climent | S | 27 | | | |
| Willy | S | 25 | | | |
| Bets | S | 21 | | | |
| Claud | S | 19 | | | |
| Olivia | D | 16 | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | |
| COUNTY | | Iberiz | | CITY | New Iberia |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Ernestine | w | 23 | | | |
| Rosa | D | 5 | | | |
| Kellan | s | 2 | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-----|----------------|
| 145 | HEAD OF FAMILY |
|-----|----------------|

| | | | | | |
|-------------------------|-------|----------------|-----|------------|-----------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | White | AGE | 25 | BIRTHPLACE | St. Louis |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Celestine | | W | 23 | | |
| / Mrs. Lane | | S | 1/2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|--|
| 445 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Blanc, Percy | | E.D. | | SHEET | |
| COLOR | W | AGE | 25 | BIRTHPLACE | |
| COUNTY | | Vermillion | | CITY | |
| Abbeyville | | ENUMERATED WITH | | | |
| Lauchuck Mrs Euphranie | | RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|-------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | LeBlanc Philibert |
| E.D. | | 65 | | SHEET | |
| 27 | | | | | |
| COUNTY | | | | | |
| Lafayette | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Irene | | W | 34 | | |
| Edith | | D | 14 | | |
| Bernard | | D | 12 | | |
| Gladys | | D | 10 | | |
| Rosita | | D | 7 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|--------|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Acadia |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| ? | Susanna | U | 21 | | |
| Sonnie | Mila | D | 13 1/2 | | |
| ? | Erval | F-L | 75 | | |
| | Celestina | M-L | 70 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | Le Blanc, Phileas |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Gervia | | W | 22 | | |
| Donald | | S | 16 | | |
| Leona | | D | 2 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | BIRTHPLACE | Le Blanc, Philip |
| COUNTY | Assumption | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Alphonsine | | W | 42 | | |
| 2 Dale W Henry | | B.L. | 57 | | |
| 1 Philip | | N | 13 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------|------------|-------|
| 2145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| W | 62 | Leblanc Philip | 139 | 18 |
| COUNTY | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | W | 30 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| R. 45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | |
| | | | | E.D. | 139 |
| | | | | SHEET | 6 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Leontine | | W | 19 | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|------------------|------------|-----------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 26 | Le Blanc, Phelps | | 50 | 4 |
| COUNTY | | CITY | | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Susan | w | 25 | | | |
| uniford | 1 | 2 | | | |
| alford | 1 | 4 1/2 | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 38 | | | 1059 | |
| COUNTY | | CITY | | | |
| Si. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Richard Ernest | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>W</u> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|---|---|--------------------|----|------------|---------------------|
| 2/14/5 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Le Blanc, Louisiana |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input checked="" type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|--------|------------|----|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | |
| | | | | E.O. | 8 |
| | | | | SHEET | 21 |
| COUNTY | | | Acadia | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Zilda | | W | 26 | | |
| Ellis | | S | 5 | | |
| Lepquin | | S | 3 | | |
| Charles | | B | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|----------------|-----------------|------------|
| 4445 | HEAD OF FAMILY | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. SHEET |
| 5'11" | 30 | Labiano, Pierre | 74 6 |
| COUNTY | | CITY | |
| Lafayette | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Pedronale | W | 28 | |
| Theresa | D | 2 | |
| Eola | Hy | 7 | |
| Jones | S | 6 | |
| Myra | S | 4 | |
| Clorissa | S | 2 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| X145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Pierre</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>76</i> | BIRTHPLACE | | E.D.
<i>105</i> | SHEET
<i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Henry Homer</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16196-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 9-145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 33 | BIRTHPLACE | Le Blanc Perre |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Melanie | | W | 44 | | |
| Horea | | S | 8 | | |
| Harach | | S | 10 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|--------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Levelin, Pierre</i> | | LOUISIANA | |
| COLOR
<i>Mu</i> | AGE
<i>14</i> | BIRTHPLACE | | E.D.
<i>108</i> | SHEET
<i>18</i> |
| COUNTY | | CITY | | | |
| ENUMERATED WITH
<i>St. Landry</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>Hudspeth, Willie C</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|----------------|--------------|------------------|------------|-----------|
| L145 | HEAD OF FAMILY | | Le Blanc Pithe O | | LOUISIANA |
| COLOR | W | AGE | 35 | BIRTHPLACE | |
| COUNTY | Acadia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lenior | | W | 35 | | |
| Gilbrat | | S | 11 | | |
| Eldroie | | S | 8 | | |
| Afonice | | S | 6 | | |
| Rioniba | | D | 5 | | |
| Edira | | S | 3 | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| L145 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | | | | 27 | 15 |
| COUNTY | | CITY | | | |
| St. Mary | | Jalapa | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| | 5 | 13 | | | |
| | 5 | 4 | | | |
| | 5 | 1 | | | |
| | | 2 | | | |
| | | 2 | | | |
| | | 15 | | | |
| | | 33 | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2445 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 35 | St. Landry | | 105 | 14 |
| COUNTY | | CITY | | | |
| | | Columbus | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ella | | W | 33 | | |
| Victor | | S | 9 | | |
| Viola | | S | 12 | | |
| George | | S | 6 | | |
| Whitney | | S | 5 | | |
| Tula | | S | 1 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|----------------|--------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 66 | BIRTHPLACE | Placid 69 26 |
| COUNTY | | Lafayette | | CITY Lafayette | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Tennetta | W | 59 | | |
| | Ursin | S | 26 | | |
| | Grace | S | 24 | | |
| | Blanche | D | 22 | | |
| | Lucy L | S | 20 | | |
| | Willie | S | 19 | | |
| | Josyph | S | 17 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATIONSHIP

A13F

BIRTHPLACE

1 No balance

5

13

FORM 10-636 14 20 611

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

194-11412-1 C 15198-1 61

145

HEAD OF FAMILY

| | | | | | |
|-------------------------|---|----------------|------|------------|----------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | Potomus |
| COUNTY | | | E.D. | 121 | SHEET 26 |
| St. Landry | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angele | | W | 46 | | |
| Angelina | | D | 17 | | |
| Reni | | S | 13 | | |
| Francoise | | D | 11 | | |
| Thursi | | D | 4 | | |
| F. I. ho | | | | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | |
|-------------------------|----------------|----------------------|-------------|-----------|
| L145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
32 | BIRTHPLACE
Acadia | | E.D.
8 |
| COUNTY | CITY | | SHEET
17 | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ophelia | L | 30 | | |
| Benjamin | S | 14 | | |
| Enetite | D | 13 | | |
| Marice Leba | D | 10 | | |
| Joseph | S | 5 | | |
| Marcel | S | 3 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|------------|----------------|----|------------------|---------------|------------|---|
| 2145 | | HEAD OF FAMILY | | LeBlanc, Prosper | | LOUISIANA | |
| COLOR | Man | AGE | 46 | BIRTHPLACE | | E.D. | 7 |
| COUNTY | Assumption | | | CITY | Napoleonville | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Living alone | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | M | AGE | 42 | BIRTHPLACE | LeBlanc, Prosper |
| COUNTY | | Assumption | | CITY | Napoleonville |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
| | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|-----------------------------------|-----------------------------|------------------|--------------------|
| 2105 | HEAD OF FAMILY
<i>Le Blanc</i> | | LOUISIANA | |
| COLOR
<i>Mu</i> | AGE
<i>35</i> | BIRTHPLACE
<i>Proger</i> | E.D.
<i>4</i> | SHEET
<i>11</i> |
| COUNTY | | CITY | | |
| <i>Ascension</i> | | <i>Donaldville Village</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Mocasin</i> | <i>W</i> | <i>28</i> | | |
| <i>Proger Jr</i> | <i>S</i> | <i>2</i> | | |
| <i>Victor</i> | <i>D</i> | <i>1</i> | | |
| <i>Florence</i> | <i>M</i> | <i>12</i> | | |
| | | <i>69</i> | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------|---|------|--|------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | E.D. |
| COUNTY | Washington | | CITY | | |
| ENUMERATED WITH | | Bogalusa | | | |
| RELATIONSHIP TO ABOVE | | Gruber, Walter | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | |
|---|---|--------------------|---|------------|-----------------|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 6 | BIRTHPLACE | Le Blanc Kaligh |
| COUNTY | | CITY | | E.D. SHEET | |
| | | Ascension | | 5 15 | |
| ENUMERATED WITH | | Donaldsonville | | | |
| RELATIONSHIP TO ABOVE | | Merret Joe | | | |
| <div><div><input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE</div><div><input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW</div><div><input type="checkbox"/> INSANE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)</div></div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 645 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 7 | Louisiana | | 93 | 26 |
| COUNTY | | CITY | | | |
| St. Mary | | Baton Rouge | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Father | 61 | 36 | | | |
| Ralph | 5 | 12 | | | |
| Spencer | 5 | 11 | | | |
| George | 5 | 8 | | | |
| Charles | D | 5 | | | |
| Bertie | S | 5 | | | |
| | | | | | |

FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Ym | 48 | | | 15 | 4 |
| COUNTY | | CITY | | | |
| East Baton Rouge | | Baton Rouge | | | |
| ENUMERATED WITH | | | | | |
| Johnson, Rebecca | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> WOOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 53 | E.D. | 47 |
| | | BIRTHPLACE | | SHEET 13 | |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Selma | | W | 53 | | |
| Henry | | H | 15 | | |
| Laura | | D | 18 | | |
| James | | S | 15 | | |
| Rita | | D | 12 | | |
| Theodora | | D | 8 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| | 1 | | | 12 | 15 |
| COUNTY | | CITY | | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Le Blanc Thelma | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
601 | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO/BA-DC 18100-P01

| | | | | | |
|-------------------------|----------|----------------|------|------------|-------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | Le Blanc | AGE | Rene | E.D. | SHEET |
| 12 | 36 | BIRTHPLACE | | | |
| COUNTY | | Iberia | | CITY | |
| | | | | New Iberia | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edmona | | W | 32 | | |
| Elna | | S | 11 | | |
| Widney | | S | 9 | | |
| Eunice | | W | 6 | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|----------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L145- | | NAME OF INDIVIDUAL
<i>Le Blanc, Rene</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>5</i> | BIRTHPLACE | | ED
<i>2</i> | SHEET
<i>30</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Assumption</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lawless, James</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-26-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1810B-P61

| | | | | | |
|-------------------------|---|----------------|-------|------------|---------------------|
| P 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | Le Blanc, Louisiana |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lurloma | | W | 31 | | |
| Kearney | | S | 7 | | |
| Jared | | S | 6 | | |
| Phyllomenia | | D | 4 | | |
| Wiley | | D | 3 | | |
| Lillian | | D | 1 1/2 | | |
| Pierce | | D | 1 1/2 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 23 | | 10 | 4 |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| — Emma | | W | 21 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 245 | | HEAD OF FAMILY | | LOUISIANA | |
| LeBlanc, Remy | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 21 | | | | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Felicia | | W | 19 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|--------------------|--|-------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Leblanc Resie</i> | | LOUISIANA | |
| COLOR | W | AGE
17 | BIRTHPLACE | E.D.
138 | SHEET
20 |
| COUNTY | | | CITY
Vermillion | | |
| ENUMERATED WITH
<i>Perezon Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>La</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

| | | | | | | | |
|-------------------------|---|----------------|----|--------------|--|------------|-------|
| 6145 | | HEAD OF FAMILY | | Le Blanc Ref | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | | E.D. | SHEET |
| | | | | | | 136 | 18 |
| COUNTY | | | | Vermillion | | CITY | |
| | | | | | | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Margaret | | W | | 23 | | | |
| Roy | | S | | 2 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2145 | NAME OF INDIVIDUAL
<i>Le Blanc Katie</i> | | E.D.
<i>133</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>10</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | CITY
<i>Erath</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Blanc P. H.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | Robert |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | W | 29 | | |
| Robert Jr. | | S | 8 | | |
| Frederick | | S | 6 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Robert | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 20 | 39 | | | | |
| COUNTY | | | CITY | | |
| A... | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Meila | | w | 38 | | |
| Joseph | | s | 14 | | |
| Robert Jr. | | s | 11 | | |
| George | | s | 6 | | |
| Mary | | d | 4 | | |
| Eugene | | d | 2 | | |
| Marlie | | d | 0/2 | | |

FORM 15-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|------------|------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 245 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 16 | BIRTHPLACE | LeBlanc Robert | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | E.O. | 132 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SHEET | 38 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | St. Martin | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LeBlanc Elise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOTAM-DC 18195-P61

| | | | | | |
|-------------------------|---|----------------|------------------|------------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | |
| | | | Lafayette Robert | | |
| E.D. | | 121 | | SHEET 10 | |
| COUNTY | | | St. Landry | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wm | | W | 49 | | |
| Alice | | D | 24 | | |
| John | | S | 22 | | |
| Louis | | S | 20 | | |
| John | | S | 16 | | |
| Cora | | D | 15 | | |
| Edward | | S | 11 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| MEMBERS OF FAMILY | | | |
|-------------------|--------------|----------|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1. <i>Stagg</i> | <i>S</i> | <i>8</i> | |
| <i>Lamoria</i> | <i>D</i> | <i>7</i> | |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (CONT.)

U.S. DEPARTMENT OF COMMERCE

FORM 10-4346 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA DC 15100-P01

| | | | | | |
|---|---|--------------------|----|------------|-----------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | St. James |
| COUNTY | | CITY | | St. James | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 18-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JSCOM-DC 18185-P01

| | | | | |
|-------------------------|----------------|---------------------------------------|------------|-------------|
| L 145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
D | AGE
43 | BIRTHPLACE
St. Charles, Missouri 2 | | E. D.
10 |
| | | | | SHEET
33 |
| COUNTY | | CITY | | |
| Assumption | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marguerite | W | 45 | | |
| Henri | S | 18 | | |
| Julien | D | 16 | | |
| Paul | S | 12 | | |
| | | | | |
| | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | Blanc, Robert L |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jennie | | W | 27 | | |
| Riley | | D | 7 | | |
| Lillian | | D | 6 | | |
| Leroy | | S | 5 | | |
| Valentine | | Son | 39 | | |
| Leonard | | Bro | 22 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|-------|
| 2-145 | | HEAD OF FAMILY | | LOUISIANA | |
| L. ALAN | | RODOLPH | | E.D. | SHEET |
| COLOR | W | AGE | 30 | 6 | 7 |
| BIRTHPLACE | | | | | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / SUSIE | | W | 22 | | |
| PAUL E | | S | 8 1/2 | | |
| MERCANTILE | | M | 55 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le 75 years R. Solph | | E.D. | | SHEET | |
| COLOR | W | AGE | 37 | BIRTHPLACE | |
| COUNTY | | | | | |
| St. Martin | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Clara | | W | 32 | | |
| + 3 son | | D | 11 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|--|---|----------------|-----------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 6 | BIRTHPLACE | Ascension |
| COUNTY | | CITY | | Donaldsonville | |
| ENUMERATED WITH | | Armistead Sarah | | | |
| RELATIONSHIP TO ABOVE | | <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
grandchild | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P-61

| | | | | |
|-------------------------|---|------------------------|--------------|---------------------------|
| 5145 | HEAD OF FAMILY
<i>Le Blanc Romaine</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>31</i> | BIRTHPLACE | | E.D. SHEET
<i>11 9</i> |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Mary</i> | | <i>w</i> | <i>27</i> | |
| <i>Eunice</i> | | <i>d</i> | <i>3</i> | |
| <i>Grace</i> | | <i>d</i> | <i>1 1/2</i> | |
| <i>Schenkel Mary</i> | | <i>aunt</i> | <i>57</i> | |
| <i>Nick</i> | | <i>cousin</i> | <i>18</i> | |
| | | | | |
| | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Leflore, Lemale |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Emeline | | W | 28 | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|--------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanc Ronald</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>11</i> | BIRTHPLACE | E.D.
<i>133</i> | SHEET
<i>32</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Dominique Pelissier</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 22 | | | 133 | 37 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugene | | 1 | 17 | | |
| Lena | | 5 | 1 | | |
| | | | | | |
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FORM 10-634 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------------|--------------|---------------|----------------|-----------|
| 2145 | HEAD OF FAMILY | | Le Blanc Ross | | LOUISIANA |
| COLOR W | AGE 37 | BIRTHPLACE | | E.D. 136 | SHEET 12 |
| COUNTY | | Vermillion | | CITY Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Edna | W | 28 | Miss | |
| | Frances | S | 6 | | |
| | Newton | S | 4 | | |
| | Ray | S | 10 1/2 | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------------|---|--|--|-------------------|
| 5145 | | NAME OF INDIVIDUAL
<i>Le Blanc Ross</i> | | LOUISIANA | |
| COLOR
<i>Mu.</i> | AGE
<i>7</i> | BIRTHPLACE | | E.O.
<i>17</i> | SHEET
<i>7</i> |
| COUNTY | | CITY
<i>New Iberia</i> | | | |
| ENUMERATED WITH
<i>Brown and Emma</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>LO</i> | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mu | 3 | | | 106 | 8 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Henry Harry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
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 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 D </div> </div> | | | | | |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | |
|---|------------------|---|--|--|--------------------|
| 1-145 | | NAME OF INDIVIDUAL
<i>Laplan Rosa</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>20</i> | BIRTHPLACE | | E.D.
<i>40</i> | SHEET
<i>18</i> |
| COUNTY
<i>East Feliciana</i> | | CITY | | | |
| ENUMERATED WITH
<i>Laplan Rosa</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18188-P01

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|---|---|--|--|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 45 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E D. SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 84 | | 37 11 | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Lafourche | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estevan Ernest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18186-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 70 | | | 10 | 14 |
| COUNTY | | CITY | | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Levy Blane | | | | | |
| | | | | | |
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FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|----|------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 23 | BIRTHPLACE | La. Blanc, La. | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Mary | | CITY | Franklin | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| False, Sesthene | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> Other (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> Other (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

| | | | | | |
|--|--|---|--|--|--------------------|
| 45
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>La Plant Rose</i> | | LOUISIANA | |
| AGE
<i>60</i> | | BIRTHPLACE | | E.D.
<i>94</i> | SHEET
<i>12</i> |
| COUNTY
<i>Natchitoches</i> | | | | | |
| CITY | | | | | |
| ENUMERATED WITH
<i>Lacous Marcelite</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Si</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 15199-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------------|
| 6145- | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | Le Blanc, Louisiana |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Comers Zulme | | W | 32 | | |
| Elida | | Orphan | 11 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 745 | | NAME OF INDIVIDUAL
<i>Le. Blanche Ray</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>9</i> | BIRTHPLACE | | E.D.
<i>133</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Eroth</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le. Blanche P. 4.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01

| | | | | | |
|-------------------------|--|-------------------|------|------------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 34 | | 10 | 42 |
| BIRTHPLACE | | Le Blanc, Rudolph | | | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Josephine | | W | 23 | | |
| | | | | | |
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FORM 10-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|---------------|------------|------------|
| 2145 | Le Blanc, L P | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 30 | | |
| COUNTY | Vermillion | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lousiana | W | 30 | |
| Charles | S | 9 | |
| August | S | 7 | |
| Lola | D | 5 | |
| Nora | S | 3 | |
| Paul | S | 1 1/2 | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|-----------------|-----|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Blanc, Sabir | | E.D. | SHEET |
| COLOR | W | AGE | 3 | BIRTHPLACE | |
| COUNTY | Assumption | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 25 | | |
| Elphège | | S | 8 | | |
| Annette | | L | 5 | | |
| Clotilde | | L | 4 | | |
| Sophy | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|------------------|-----|------------|-------|
| L-145 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lillian Salinger | | 127 | 1 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 35 | | | | |
| COUNTY | | CITY | | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillian | | W | 24 | | |
| Lillian | | S | 5 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|--|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc Sam | | E.D. | | SHEET | |
| 10 | | 22 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 43 | | | | |
| COUNTY | Ascension | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dense | | W | 38 | | |
| Sadie | | D | 16 | | |
| Bladie | | D | 8 | | |
| Sophia | | S | 5 | | |
| Alex | | S | 3/12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|--|----------------|------------|-------------------|------|------------|-------|
| L145 | | HEAD OF FAMILY | | Le Blanc Mrs. Sam | | E.D. | SHEET |
| COLOR | | AGE | BIRTHPLACE | | | | |
| W | | 50 | | | | | |
| COUNTY | | | Iberville | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lilex | | | | S | 23 | | |
| Leon | | | | S | 21 | | |
| Eusebe | | | | S | 18 | | |
| Herling | | | | S | 14 | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|----------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 1145 | Le Blanc | Samuel | 76 | 29 |
| COUNTY | Lafayette | | CITY Lafayette | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Gabriel | W | 30 | | |
| Samuel | S | 3 | | |
| Louis | S | 1 | | |
| Suckerman, Monique | M-L | 64 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------------------|------------|----------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | Le Blanc, Samuel | | E.D. 10 |
| | | BIRTHPLACE | Assumption | | SHEET 19 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / | Pita | W | 39 | | |
| | Luce | D | 8 | | |
| | Isabelle | D | 6 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | Mo. |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary A | | W | 23 | Tex | |
| Ray C | | S | 4 | | |
| Adwin H | | S | 15 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|----|------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 8145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | 7 th | AGE | 20 | BIRTHPLACE | E.D. | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | | 52 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | CITY | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110-1118 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brother-in-law, Nolan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | | | |
|-------------------------|------------|----------------|-----|-------------------|----|-----------|-----|
| 2145 | | HEAD OF FAMILY | | Leblance, Leblais | | LOUISIANA | |
| COLOR | White | AGE | 36 | BIRTHPLACE | | E.D. | 153 |
| COUNTY | St. Landry | | | CITY | 30 | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Mary | | W | 33 | | | | |
| Lorance | | S | 12 | | | | |
| Robertine | | S | 10 | | | | |
| Adell | | S | 4 | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|----------------|--|
| 2145 | HEAD OF FAMILY | |
|------|----------------|--|

| | | | | | |
|-------------------------|--------|----------------|-----|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lynnie | W | 35 | | |
| | Allan | S | 10 | | |
| | Alex | D | 5 | | |
| | Linden | S | 2 | | |
| | Willie | S | 1 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | | | |
|-------------------------|----------|----------------|-----|----------------|----|-----------|----|
| 2145 | | HEAD OF FAMILY | | LABLANC Selina | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | | E.D. | 99 |
| COUNTY | St. Mary | | | CITY | 32 | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Waller, Adam | | S | 50 | | | | |
| Ladrey, Emile | | S | 15 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------|--|----------------|--|----------------|--|-----------|--|
| 2745 | | HEAD OF FAMILY | | LABLANC Selina | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |

| | | | | | |
|-------------------------|------------|----------------|----------|------------|---------------|
| 2745 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 53 | BIRTHPLACE | Le Blanc, La. |
| COUNTY | Vermillion | | CITY | E.D. | 133 |
| | | | SHEET 27 | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Le Blanc | | S | 33 | | |
| 1 Le Blanc | | D | 25 | | |
| 1 Le Blanc | | D | 26 | | |
| 1 Le Blanc | | D | 9 | | |
| 1 Le Blanc | | D | 5 | | |
| 1 Le Blanc | | D | 3 | | |
| 1 Le Blanc | | D | 12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATION-
SHIP

AGE

BIRTHPLACE

| | | RELATION-
SHIP | AGE |
|----------|----------|-------------------|-----|
| Le Plane | Engineer | 1 | 16 |
| Brown | Engineer | 1 | 16 |

FORM 10-636a 4 2 61

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15198-P61

| | | | | | |
|-------------------------|--------|----------------|------|------------|--------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Le Blanc, Delusion |
| COUNTY | Acadia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adeline | | W | 21 | | |
| Azile | | D | 5 | | |
| Marie J. | | D | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| 2145 | HEAD OF FAMILY |
| COLOR | W |

| | | | | | | | |
|-------------------------|---|----------------|-----|------------------|--|-----------|----|
| 1415 | | HEAD OF FAMILY | | Le Blanc Septime | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | | E.D. | 11 |
| COUNTY | | | | | | SHEET | 10 |
| Ascension | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Eva | | W | 38 | | | | |
| Louis | | S | 15 | | | | |
| Hendrix | | S | 13 | | | | |
| Telleron | | S | 12 | | | | |
| Madeleine | | d | 10 | | | | |
| Bertha | | d | 6 | | | | |
| Hedraude | | d | 4 | | | | |

FORM 10-636 (4-30-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 (4-20-61)
1910 CENSUS

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SC 0144-DC 15108-2761

| | | | |
|-------------------------|--------------|----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 41 | Blanc, Auerine | 22 7 |
| COUNTY | | CITY | |
| Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Harbert | H | 21 | |
| Harbert | H | " | |
| Calmonia | D | " | |
| Chal | D | " | |
| Lis | D | " | |
| Lightie | D | " | |
| W. H. H. | D | " | |

FORM 18-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 42 | Le Blanc, Seguin | | 113 | 7 |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Deloise | | W | 38 | | |
| Ernest | | S | 18 | | |
| Uelid | | S | 14 | | |
| Lodger | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| LI45 | | NAME OF INDIVIDUAL
<i>Le Blanc, Sidney</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>7</i> | BIRTHPLACE | | E.D.
<i>110</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teirebonne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Le Blanc, Herbert</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 145 | | NAME OF INDIVIDUAL
<i>Leblanc, Sidney</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>22</i> | BIRTHPLACE | | E.D.
<i>113</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Mrs. J. M.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|----|------------|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L.45 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 17 | BIRTHPLACE | Le Blanc, Sidney | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Latourche | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gaudet, Charles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---|--|------------------|
| 8-15 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | h | AGE | 6 | BIRTHPLACE | E.D. 127 SHEET 3 |
| COUNTY | | St. Martin | | CITY | |
| ENUMERATED WITH | | | | | |
| Benoit Triss | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|------------|----------------|-----|-----------------|--|-----------|-----|
| 2145 | | HEAD OF FAMILY | | Leblanc Silvain | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | | E.D. | 106 |
| COUNTY | St. Landry | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| / Valery | | u | 18 | | | | |
| Elus | | S | 0 | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|--|-------------------|-------------------|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blance Silvanis</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>72</i> | BIRTHPLACE | | E.D.
<i>13</i> | SHEET
<i>2</i> |
| COUNTY
<i>Ascension</i> | | CITY | | | |
| ENUMERATED WITH
<i>Landy Felix</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Sister</i> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | |
|-------|----------------|--|
| L145 | HEAD OF FAMILY | |
| COLOR | | |

| | | | | | |
|-------------------------|----------------|--------------|--------------------|------------|-----------|
| 2145 | HEAD OF FAMILY | | Le Blanc Silverman | | LOUISIANA |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| | 43 | | 136 | 30 | |
| COUNTY | Vermillion | | CITY | | |
| Atchoula | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Le Blanc | | S | 11 | | |
| Marguerite | | D | 9 | | |
| Kathleen | | D | 7 | | |
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FORM 10-634 (2-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|------|----------------|-----------|
| 1115 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

| | | | | |
|-------------------------|----------------|-----------------|------------|------|
| L 145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| 21 | 23 | Le Blanc Selvin | | 9 |
| COUNTY | | SHEET | | |
| | | 24 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| - Fausterie | or | 19 | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|-----------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 19 | BIRTHPLACE | Le Blanc, Simon |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| Blanchet, Olympe | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|----------------|--------------|----------------|------------|-------------|
| 8145- | HEAD OF FAMILY | | LeBlanc, Simon | | LOUISIANA |
| COLOR
W | AGE
54 | BIRTHPLACE | | E.D.
57 | SHEET
23 |
| COUNTY | | | | | |
| Thriville | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emelie | | W | 49 | | |
| Simon Jr | | S | 23 | | |
| Lesne | | S | 19 | | |
| Berdee | | S | 16 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| 8745- | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|------------------|--|-----------|-------------------|-------------------|
| 5745 | | HEAD OF FAMILY
<i>Luciane Simon</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>41</i> | BIRTHPLACE
<i>Simon</i> | | E.D.
<i>11</i> | SHEET
<i>5</i> |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Matilda</i> | | <i>W</i> | <i>38</i> | | |
| <i>Adelia</i> | | <i>D</i> | <i>18</i> | | |
| <i>Cecilia</i> | | <i>S</i> | <i>15</i> | | |
| <i>Clayford</i> | | <i>S</i> | <i>13</i> | | |
| <i>Flammar</i> | | <i>D</i> | <i>10</i> | | |
| <i>Mitchell</i> | | <i>S</i> | <i>2</i> | | |
| <i>Harvey</i> | | <i>S</i> | <i>4</i> | | |

FORM 10-634 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATION-
SHIP

AGE

BIRTHPLACE

FORM 10-6360 4-21-60

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC 044-DC 15108-P61

HEAD OF FAMILY

1450

| | | | | |
|-------------------------|--------------|-----------------|------------|------------|
| HEAD OF FAMILY | | Le Blanc Imonet | | LOUISIANA |
| COLOR | W | AGE | 54 | BIRTHPLACE |
| COUNTY | Vermillion | | CITY | Webbeville |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ella | W | 49 | | |
| Walter | S | 19 | | |
| Paula | S | 17 | | |
| Maud | D | 17 | | |
| Opal | D | 15 | | |
| Marj | D | 10 | | |
| 1 Se | | | | |

FORM 10-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------|------------|--------|
| F. 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | Simson |
| COUNTY | | Acadia | | E.D. | 6 |
| | | CITY | | SHEET | 6 |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / | LISKA R. | W | 23 | | |
| | MAY | D | 16 | | |
| | EVA | D | 6/12 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|-------------|-------|
| 2125 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | Leblanc Stanislas | | E.D. | SHEET |
| White | 34 | BIRTHPLACE | | 20 | 5 |
| COUNTY | | East Baton Rouge | | CITY | |
| | | Baton Rouge | | Baton Rouge | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Armande | | | 30 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|---|------------|----------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 7 | BIRTHPLACE | E.D. 158 |
| | | | | SHEET 16 | |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | LeBlanc, Albert | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>son</u> </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 5 Mu | 36 | Lafayette | 70 25 |
| COUNTY | | CITY | |
| | | Lafayette | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Theresa | W | 13 | |
| Lillian | D | 11 | |
| St. Clair | S | 10 | |
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U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY

L...

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | BIRTHPLACE | Le Blanc Stephen |
| COUNTY | Assumption | | CITY | E.D. | 9 |
| SHEET 8 | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Elizabeth | W | 51 | | | |
| Adelaide | D | 28 | | | |
| Agnes | D | 23 | | | |
| Joseph | S | 11 | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|------------|----------------|----------|------------|-----------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 4 | AGE | 63 | BIRTHPLACE | Leblanc, Boston |
| COUNTY | Vermillion | | CITY | E.D. | 139 |
| | | | SHEET 21 | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Henry | | S | 23 | | |
| Marian | | S | 21 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|------|--|----------------|--|-----------|--|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
|------|--|----------------|--|-----------|--|

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 70 | BIRTHPLACE | La. there |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lizama | | 6 | | | |
| Mabel | | S | 35 | | |
| Lillian | | S | 24 | | |
| John | | 16 | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| George | W | 40 | | | |
| Albert | S | 16 | | | |
| Anstade | S | 14 | | | |
| Edith | D | 19 | | | |
| Alice | D | 13 | | | |
| Henrietta | D | 8 | | | |
| Frank | D | 2 | | | |

FORM 10-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|-------------------|-------------------------|------------|-------------|
| 4145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
48 | BIRTHPLACE
Lafayette | E.D.
72 | SHEET
11 |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATION-
SHIP | AGE | BIRTHPLACE | |
| Victoria | W | 47 | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2145 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|-----|--------------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Wm | 55 | Le Blanc, Suraziel | | 70 | 17 |
| COUNTY | | CITY | | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Libby | | W | 54 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|------|-------------------|--------------------|
| L-145 | | NAME OF INDIVIDUAL
<i>Laplan, Susane</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>40</i> | BIRTHPLACE
<i>La</i> | | E.D.
<i>40</i> | SHEET
<i>18</i> |
| COUNTY | | | CITY | | |
| ENUMERATED WITH <i>Wm F. Wicks</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>Wife</i> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | La Blane, Sydney |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Lucille | W | 22 | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|--------------------|------|------------|-------|
| 745 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 49 | Le Blanc, Sylvaire | | 26 | 2 |
| COUNTY | | | CITY | | |
| J. P. 1820 | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Ernestine | W | 52 | | |
| | Joseph | S | 26 | | |
| | Felicia | D | 23 | | |
| | Villars | S | 18 | | |
| | Denis | S | 12 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 67 | | | 102 | 22 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 66 | | |
| Louise | | D | 30 | | |
| Sarah | | D | 25 | | |
| Edwards | | C | 48 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-----------------------------|--|------------|------------------|--------------------|
| 2145 | HEAD OF FAMILY
<i>Le Blanc, Sylvest</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>34</i> | BIRTHPLACE | E.D.
<i>5</i> | SHEET
<i>16</i> |
| COUNTY
<i>Assumption</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Clara</i> | <i>W</i> | <i>35</i> | | |
| <i>Orpha</i> | <i>S</i> | <i>11</i> | | |
| <i>Clorpha</i> | <i>S</i> | <i>7</i> | | |
| <i>Lynn</i> | <i>S</i> | <i>5</i> | | |
| <i>Sylvest, Jr.</i> | <i>S</i> | <i>3</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|-----|------------|------------------|
| 40 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | BIRTHPLACE | E.D. 47 SHEET 15 |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 57 | | |
| | Philip | S | 16 | | |
| | Phyllis | S | 14 | | |
| | Valerie | D | 13 | | |
| | Larry | D | 11 | | |
| | Lue | S | 9 | | |
| | Paul | S | 6 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-------|--------------|-----|------------|
| Rita | D | 4 | |
| Alice | D | 2 | |
| Sally | D | 2 | |
| | | | |
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FORM 10-636e (4-20-61)
1910 CENSUS INDEX - FAMILY NAME

FORM 10-6340 14-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P61

| | | | | | |
|-------------------------|---|----------------|------------|------------|---------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Le Blanc, Sylvestre |
| E.D. | | 131 | | SHEET 18 | |
| COUNTY | | | St. Martin | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Berthe | | S | 36 | | |
| Elbry | | S | 16 | | |
| Marcelita | | S | 15 | | |
| Moise | | S | 14 | | |
| Simon | | S | 11 | | |
| Aysca | | S | 10 | | |
| Hilda | | S | 9 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-------|------------|
| Ames | S | 6 | |
| Arthur | S | 5 | |
| Hadley | S | 2 | |
| Agnes | S | 8 1/2 | |
| Liddy | S | | |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. COMMERCE 15198-1-01

5 10198-1-01

| | | | | | |
|-------------------------|----------------|----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | <i>W</i> | AGE | BIRTHPLACE | | E.D. |
| | | 29 | | | 131 |
| COUNTY | | | CITY | | SHEET |
| St. Martin | | | | | 3 |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | <i>Emma</i> | <i>W</i> | 33 | | |
| | <i>Preston</i> | <i>S</i> | 9 | | |
| | <i>James</i> | <i>S</i> | 2 | | |
| | <i>Percy</i> | <i>S</i> | 10/12 | | |
| | <i>Elyse</i> | <i>S</i> | 6 | | |
| | <i>Delange</i> | <i>S</i> | 5 | | |
| | <i>Mary</i> | <i>S</i> | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | CARD 2 OF 2 |
|-------------------------|-------------------|-----------|-------------|
| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
| <i>Alexander</i> | <i>B</i> | <i>22</i> | |
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FORM 10-636e (4-20-81)

1910 CENSUS INDEX

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|------------------|
| 4145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 19 | BIRTHPLACE | E.D. 62 SHEET 26 |
| COUNTY | | Grant | | CITY Rochelle | |
| ENUMERATED WITH | | | | | |
| Farhyle Wm W. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | |
|--|---|---|----|---|----|
| L 143 | | NAME OF INDIVIDUAL
<i>Le. Blance J.</i> | | LOUISIANA | |
| COLOR | W | AGE | 33 | E.D. | 37 |
| | | BIRTHPLACE | | SHEET 9 | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | <i>Lake Charles</i> | |
| ENUMERATED WITH | | <i>Smith Robert A.</i> | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> BOONER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|-------------------------|-----|---------------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Blanc | | T. H. | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 4 | 10 |
| W | 32 | | | | |
| COUNTY | | CITY | | | |
| Ascension | | Donaldville Village | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Anna | | W | 34 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 745 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 20 | Tulahoma | | 26 | 3 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | Head | 30 | | |
| Mary | | Wife | 27 | | |
| Ethel | | Daughter | 5 | | |
| William | | Son | 4 | | |
| James | | Son | 3 | | |
| Robert | | Son | 2 | | |
| Margaret | | Daughter | 1 | | |

FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----------|------------|----|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 49 | BIRTHPLACE | |
| | | | | E.D. | 3 |
| | | | | SHEET | 18 |
| COUNTY | | | Ascension | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Victoria | | w | 42 | | |
| Joe | | s | 21 | | |
| Laurina | | d | 17 | | |
| Helia | | d | 14 | | |
| Pierre | | s | 13 | | |
| May | | d | 10 | | |
| Jeksmar | | s | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | LeBlanc, Thad L. |
| COUNTY | | Calcasieu | | CITY | Kenner |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Davis | | W | 21 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|------|--|-------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| w | 10 | Theblanc Thelma | | 37 | 13 |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | | | |
| ENUMERATED WITH | | | | | |
| Mc Adams Kary | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Step Daughter | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18106-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| Leblanc | | Theo | | E.D. | SHEET |
| COLOR | W | AGE | 20 | 3 | 27 |
| BIRTHPLACE | | COUNTY | | | |
| Ida | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Philomena | W | 21 | | | |
| Johua | S | 3 | | | |
| Ephelia | M | 40 | | | |
| Anna | S | 13 | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----|--|------------------|
| 8145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | E.D. 133 SHEET 8 |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | L. Elcombe | | | |
| RELATIONSHIP TO ABOVE | | L. Audrey Ogden | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

| | | | |
|---------------------------------|------------------|--------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| LIVS- <i>Le Blanc, Theodore</i> | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| <i>W</i> | <i>28</i> | <i>70 11</i> | |
| COUNTY | CITY | | |
| <i>Lafayette</i> | <i>Lafayette</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Lena</i> | <i>w</i> | <i>24</i> | |
| <i>Bessie</i> | <i>D</i> | <i>7</i> | |
| <i>Raymer</i> | <i>S</i> | <i>5</i> | |
| <i>Clayton</i> | <i>S</i> | <i>1</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 56 | BIRTHPLACE | Le Blanc, Theodore |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 52 | | |
| Sylvester | | S | 20 | | |
| Hiley | | S | 16 | | |
| Nora | | D | 14 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|------|---------------------|--------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 75 | BIRTHPLACE | Le Blanc, Theodore |
| COUNTY | Arcade | | CITY | Donaldville Village | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Octavie | | W | 68 | | |
| Arnell | | D | 24 | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| 245 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | |
| | | | | E.D. | 10 |
| | | | | SHEET | 14 |
| COUNTY | | | | | |
| Ascension | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lea | | W | 28 | | |
| Euphemia | | S | 8 | | |
| Ozanne | | S | 7 | | |
| Wall | | S | 5 | | |
| Nettie | | D | 1 | | |
| Landry | | Bl | 24 | | |
| Clair | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|------------------|--|-----------|----|
| 71115 | | HEAD OF FAMILY | | Leblanc Theogene | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | | E.D. | 36 |
| | | | | | | SHEET | 8 |
| COUNTY | | | | Lafourche | | | |
| | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 male | | W | 31 | | | | |
| 1 female | | 5 | 3 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------|
| R145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | Mississippi |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | H | 34 | | |
| Lena | | W | 7 | | |
| Mabel | | S | 15 | | |
| John | | B | 2 | | |
| Lena | | S/M | 32 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|------------------|---|--|-------------------|--------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc Joseph</i> | | LOUISIANA | |
| COLOR | AGE
<i>66</i> | BIRTHPLACE | | E.D.
<i>37</i> | SHEET
<i>12</i> |
| COUNTY | | Lafourche | | CITY | |
| ENUMERATED WITH | | <i>Shaw Berthon</i> | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input checked="" type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|--|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | |
| COUNTY | | | | | |
| Assumption | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lucile | w | 27 | | | |
| Cecile | d | 16 | | | |
| Nilda | d | 15 | | | |
| Elce | d | 13 | | | |
| Eward | s | 9 | | | |
| Henry | s | 7 | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY
U.S. DEPARTMENT OF COMMERCE

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| L 147 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 40 | BIRTHPLACE | Le Blanc Therance |
| COUNTY | | Ascension | | CITY | Ronaldsonville |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Margaret | | W | 39 | | |
| Falcon L. L. L. L. | | G C | 12 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2145

| | | | |
|-------------------------|----------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 53 | St. Louis | 92 3 |
| COUNTY | CITY | | |
| St. Tammany | Thibodauxville | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| William J. | D | 27 | |
| Joseph | S | 26 | |
| Walter | S | 26 | |
| Estelle C | D | 17 | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | La' Blanc Linion |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 27 | | |
| George | | D | 6 | | |
| Lucie | | D | 4 | | |
| George | | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|--|-------------------|--------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>LeBlanc, Tom</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | | E.D.
<i>28</i> | SHEET
<i>31</i> |
| COUNTY
<i>Calcasieu</i> | | CITY | | | |
| ENUMERATED WITH
<i>Bassett, Jim E.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16196-P61

| | | | | | |
|-----------------------|-----|--------------------|--|-----------|-------|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mu | 7 | | | 1 | 7 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | <i>Ascension</i>
<i>Napoleon Edward</i> | | |
| RELATIONSHIP TO ABOVE | | | <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>ad. child</i> | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|--------------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 35 | St. Pierre, La. N. | | 137 | 12 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Florence | | W | 30 | | |
| Mabel | | S | 9 | | |
| Agnes | | D | 8 | | |
| Curtis | | S | 6 | | |
| May | | D | 3 | | |
| Max | | S | 1 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------------|----------------|------|-------------|--------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 68 | BIRTHPLACE | Thomas |
| COUNTY | East Baton Rouge | | CITY | Baton Rouge | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Susan A | | W | 54 | | |
| O'Neal Lucie | | W | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | BIRTHPLACE | Thomas |
| | | | | E.D. | 18 |
| | | | | SHEET | 2 |
| COUNTY | | | | | |
| East Baton Rouge | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Susan H | | w | 54 | | |
| D'Neal Lucie | | Hi | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Acadia |
| | | | | E.D. | 1 |
| | | | | SHEET | 21 |
| COUNTY | | | | | |
| Acadia | | | | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Lela | | W | 18 | | |
| | | | | | |
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FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| L-145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | ala. |
| | | | | E.D. | SHEET |
| | | | | 53 | 15 |
| COUNTY | | Jackson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | W | 30 | ala. | |
| Luther E. | | S | 8 | ala. | |
| Hazel | | D | 6 | | |
| Evelyn | | D | 3 | | |
| 1 B. | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------------|---|-----------|------------------|--------------------|
| L195 | | HEAD OF FAMILY
<i>Le Blanc Torille</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>61</i> | BIRTHPLACE | | E.D.
<i>8</i> | SHEET
<i>16</i> |
| COUNTY
<i>Acadia</i> | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Leone</i> | | <i>W</i> | <i>60</i> | | |
| <i>Sadie</i> | | <i>D</i> | <i>35</i> | | |
| <i>Imelile</i> | | <i>D</i> | <i>21</i> | | |
| <i>Therese</i> | | <i>Ad</i> | <i>18</i> | | |
| <i>1</i> <i>Lespich</i> | | <i>Ad</i> | <i>15</i> | | |
| | | | | | |
| | | | | | |

FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E D. | SHEET |
| W | 30 | Sallane, Drexmore | | 8 | 5 |
| COUNTY | | CITY | | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emily | | W | 28 | | |
| Jeanne | | D | 8 | | |
| Lucie | | D | 5 | | |
| Joseph | | S | 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Leblanc, Ireville |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Eva | | W | 16 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|-------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc Travel</i> | | LOUISIANA | |
| COLOR
<i>m</i> | AGE
<i>77</i> | BIRTHPLACE | | E.D.
<i>77</i> | SHEET
<i>5</i> |
| COUNTY
<i>St. John the Baptist</i> | | CITY | | | |
| ENUMERATED WITH
<i>Le Blanc, Baptist</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>DC</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16105-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| De Blane, Thomas B. | | E D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 49 | | | | |
| COUNTY | | CITY | | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Okey | | S | 21 | | |
| Otis | | S | 19 | | |
| Ophelia | | D | 11 | | |
| Frances | | D | 10 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|---------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | BIRTHPLACE | St. Mary, Louisiana |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | | W | 40 | | |
| Vincent | | S | 6 | | |
| Leon | | D | 4 | | |
| Lee | | S | 7/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|------------------|-----------------|------------|-------|
| 2145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. |
| W | 63 | Le Blanc, Oscar | | 136 |
| COUNTY | West Baton Rouge | | CITY | SHEET |
| 9 | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Olimpus | W | 57 | | |
| Frederic | D | 27 | | |
| Olimpus | D | 25 | | |
| Alice | D | 26 | | |
| Cessica | D | 16 | | |
| Alex | S | 38 | | |
| Steward | S | 22 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

10-636a 14 20 8

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15194-561

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | E.D. 139 SHEET 12 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Elena | W | 30 | | | |
| Nata | D | 11 | | | |
| Whitney | S | 8 | | | |
| Edda | D | 5 | | | |
| Edie | D | 4 | | | |
| Eva | S | 1 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|-------------------|--------------------|
| 1145 | | NAME OF INDIVIDUAL
<i>Le Blanc Ulysses</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>13</i> | BIRTHPLACE | | E.D.
<i>10</i> | SHEET
<i>18</i> |
| COUNTY
<i>Ascension</i> | | CITY | | | |
| ENUMERATED WITH
<i>Herbert John C</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Orphan</i> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|--------------|
| 45 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | BIRTHPLACE | Le Blanc, La |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Enelia | W | 44 | | | |
| Edith | S | 23 | | | |
| Alfred | S | 21 | | | |
| William | S | 18 | | | |
| John | D | 6 | | | |
| Robert | D | 4 | | | |
| Elizabeth | S | 2 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------|-------------------|-----|------------|
| Frederick | S | 5 | |
| Wanda | D | 2 | |
| Spencer | S | 5 | |
| Lang | S | 2 | |

FORM 10-636a (4-20-61)
1910 CENSUS INDEX

FORM 10-636-142501

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15-00000-15100-001

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| 445 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 35 | | 65 | |
| BIRTHPLACE | | SHEET | | 2 | |
| COUNTY | | CITY | | | |
| Lafayette | | Scott | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugene | | W | 36 | | |
| Lyle | | S | 11 | | |
| Annette | | S | 9 | | |
| Laurie | | S | 8 | | |
| Otto | | S | 6 | | |
| George | | S | 4 | | |
| Abel | | S | 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|-------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | La Blane Virginia |
| COUNTY | | Lafourche | | CITY | |
| ENUMERATED WITH | | | | | |
| Naquin Ozene | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| 8145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 56 | BIRTHPLACE | |
| | | | | E.O. | SHEET |
| | | | | 140 | 15 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Brelgei | | W | 51 | | |
| Armand | | S | 26 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 445 | | NAME OF INDIVIDUAL
<i>Leticia Ursin</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>u</i> | AGE
<i>25</i> | BIRTHPLACE | | E.D.
<i>127</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Martin</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Abigail Andy</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 15125-P61

| | | | | | |
|--|---|--------------------|---|------------|-------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | 10 41 |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| ENUMERATED WITH | | | Le Blanc, Robert L | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Sis | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | mu | AGE | 50 | BIRTHPLACE | Le Blanc Valmont |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugenie | | W | 50 | | |
| Armouse | | D | 15 | | |
| Pierre | | S | 12 | | |
| John | | S | 10 | | |
| Armantine | | D | 8 | | |
| Celise | | GD | 6 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|--|------------|------------------|--------------------|
| L 145 | HEAD OF FAMILY
<i>St. Blanc, Yalsin</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>36</i> | BIRTHPLACE | E.D.
<i>1</i> | SHEET
<i>12</i> |
| COUNTY
<i>Acadia</i> | CITY
<i>Rayne</i> | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Udia</i> | <i>W</i> | <i>36</i> | | |
| <i>Storina</i> | <i>D</i> | <i>17</i> | | |
| <i>Eiter</i> | <i>D</i> | <i>9</i> | | |
| <i>Sioma</i> | <i>D</i> | <i>7</i> | | |
| <i>Rosalee</i> | <i>D</i> | <i>5</i> | | |
| <i>Marguerette</i> | <i>D</i> | <i>2</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|-----------------|------------|-----------|-------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 22 | La. Slave, Name | | 116 | 13 |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Anna | W | 26 | | | |
| Arthur | 5 | 1 | | | |
| Clinton | 5 | 3/2 | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------------|-----|
| 245 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 50 | E.D. | 138 |
| | | BIRTHPLACE | | SHEET 6 | |
| COUNTY | | | | CITY | |
| ENUMERATED WITH | | | | West Baton Rouge | |
| RELATIONSHIP TO ABOVE | | | | Leblanc Alex | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>B</u> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

| | | | | | |
|-------------------------|--------------|-----------------|------------|-----------|-------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. | SHEET |
| Wm | 78 | LeBlanc, Victor | | 74 | 6 |
| COUNTY | | CITY | | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Therquerite | G | 23 | | | |
| Green, Emma | S | 33 | | | |
| LeBlanc, Emma | S | 22 | | | |
| Green, Mable | JK | 5 | | | |
| Clay | Bo. | 2 | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 26 | | | 139 | 23 |
| COUNTY | | CITY | | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Erasmus | | W | 21 | | |
| Ella | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 1145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | Le Blanc, Victor |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Breaux, Clemon | | W | 32 | | |
| Cecile | | D | 10 | | |
| Joseph Eric | | S | 6 | | |
| Eulalia Marie | | D | 4 | | |
| John Emrick | | S | 2 | | |
| Melton | | S | 1/2 | | |
| Flora | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|--------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | BIRTHPLACE | Le Blanc Victor Mo |
| | | | | E.D. | 142 |
| | | | | SHEET | 13 |
| COUNTY | | | Vermillion | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Albert | | S | 26 | | |
| Elias | | S | 21 | | |
| Eucile | | D | 23 | | |
| Amela | | D | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|-----------------|--|-----------|----|
| R. 45 | | HEAD OF FAMILY | | Leblanc, Victor | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | | E.D. | 94 |
| | | | | | | SHEET | 8 |
| COUNTY | | | | St. Tammany | | CITY | |
| | | | | Abita Springs | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Mary | | W | 40 | | | | |
| Edna | | D | 18 | | | | |
| Alfred | | S | 17 | | | | |
| Victor | | S | 15 | | | | |
| Ernest | | S | 13 | | | | |
| Julia | | S | 9 | | | | |
| Louise | | D | 9 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------|--------------|----------------|------------|
| Joseph | S | 7 | |
| Jacob | S | 4 | |
| Mary J | D | 2 | |
| not reported | S | $\frac{3}{12}$ | |
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FORM 10-436a (4-25-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

115COMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| 5741 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 46 | Sa Blanche Victor | | 63 | 3 |
| COUNTY | | CITY | | | |
| St. Charles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 17 Victor | | S | 16 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | LaBlanc, Victoria |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Blanchard, Louis | | SL | 28 | | |
| / Euola | | W | 28 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mul | 19 | | | 1 | 7 |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| ENUMERATED WITH | | | | | |
| Napoleon Edward | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
ad. child | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| X 145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | Le Blanc Victorine | 50 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Blanc Lorraine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|--|----------------|------------------------|------------|------|
| L 175 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 46 | Le Blanc, Vincent, Jr. | | 109 |
| SHEET | | 10 | | | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 38 | | |
| Vincent Le Blanc, Jr. | | S | 19 | | |
| Irmie | | D | 17 | | |
| Earnest | | S | 14 | | |
| Donald | | S | 9 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|-----------------|------------|------------|-------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | LeBlanc, Virgil | | E.D. | SHEET |
| W | | AGE | BIRTHPLACE | 5 | 4 |
| 43 | | | | | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | W | 40 | | |
| Camille | | S | 20 | | |
| Virgil, Jr. | | S | 18 | | |
| Edwin | | S | 16 | | |
| Paul | | S | 14 | | |
| Pauline | | D | 12 | | |
| Antonia | | S | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| / Gasul | S | 6 | |
| Lion | S | 5 | |
| Livia | D | 2 | |
| | | | |
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FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|----|-------------------|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------|--------------------------------|--|--|
| 1145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 32 | BIRTHPLACE | E.O. 2 SHEET 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Assumption | | CITY Plattenville | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOBBIN, MARTHA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Partner</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Partner | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Partner | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

| | | | | | |
|---|------------------|---|---|--------------------|-------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Leblanc Virginia</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>83</i> | BIRTHPLACE | | E.D.
<i>138</i> | SHEET
<i>6</i> |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
<i>West Baton Rouge</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>Leblanc Alex</i> | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO:RM-DC 16190-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| L 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 53 | BIRTHPLACE | Le Blanc Virginia |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Joseph | | S | 25 | | |
| Michel | | S | 12 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L145 | | NAME OF INDIVIDUAL
<i>Le Blanch Virginia</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>46</i> | BIRTHPLACE | | E.D.
<i>82</i> | SHEET
<i>18</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. John the Baptist</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Malone Sam</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

1910 CENSUS INDEX - FAMILY

FORM 10-436 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|-------------------|
| 5145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | a | AGE | 53 | BIRTHPLACE | Le Blanc, La. Ver |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 49 | | |
| Oliver | | D | 17 | | |
| Lena | | D | 16 | | |
| Robert E. Jones | | C | 30 | | |
| | | | | | |
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|-------------------------|---|----------------|-------|------------|------------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | Le Blanc, Colzie |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Caroline | | W | 23 | | |
| Abadie | | D | 8 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|---------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | Le Blanc Vry. |
| COUNTY | | Vermillion | | CITY | Abbeville |
| ENUMERATED WITH | | | | | |
| Poste Plus | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | | | |
|-------------------------|---|----------------|-----|------------------|--|-----------|-------|
| 145 | | HEAD OF FAMILY | | La Blance. W. E. | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | | E.D. | SHEET |
| COUNTY | | | | Terrebonne | | | |
| | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Mary | | W | 26 | | | | |
| James | | S | 2 | | | | |
| Hattie | | S | 8 | | | | |
| Kendalyn | | S | 0 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|-----------------|
| L145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | Le Blanc, W. E. |
| COUNTY | | Terrebonne | | CITY | |
| ENUMERATED WITH | | | | | |
| Lajonnie, E. H. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WOOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 23 | | 22 7 |
| COUNTY | | CITY | |
| Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|-------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Le Blance Wallace |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leontine | | W | 32 | | |
| Ladie | | D | 12 | | |
| Edward | | S | 10 | | |
| Ludia | | D | 9 | | |
| Paul | | S | 7 | | |
| Luby | | S | 4 | | |
| Chamancel | | D | 2 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 14 | 43 | | | 14 | 2 |
| COUNTY | | CITY | | | |
| | | Baton Rouge | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie R. | | 14 | 36 | | |
| Henry W. | | S | 12 | | |
| Kathleen F. | | D | 15 | | |
| Fred B. | | S | 13 | | |
| Frank V. | | S | 11 | | |
| Lucy | | D | 9 | | |
| Genevieve | | D | 6 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED 15102-101

| | | | | | |
|--|------------------|---|--|---|-------------------|
| L 145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Warren</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>12</i> | BIRTHPLACE | | E.D.
<i>105</i> | SHEET
<i>8</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Henry Harry</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S</i> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 1919-P-61

| | | | | | |
|-------------------------|---|----------------|-------|------------|---------------------|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | E.D. 10
SHEET 13 |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Antoine | | W | 37 | | |
| Emma | | D | 9 | | |
| Wilford | | S | 7 | | |
| Ernest | | S | 5 1/2 | | |
| Lemuel | | W | 3 | | |
| 1 Fred Lipp | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------|------------|-------|
| 7145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | Le Blanc | AGE | 35 | E.D. | SHEET |
| | | | | 100 | 1 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Le Blanc | | w | 35 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------------|------|------------|-------|
| 6145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 42 | La Plaine, Louisiana | | 101 | 6 |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. L. L. | | 10 | 37 | | |
| L. L. L. | | 5 | 16 | | |
| L. L. L. | | 5 | 15 | | |
| L. L. L. | | 5 | 13 | | |
| L. L. L. | | 5 | 10 | | |
| L. L. L. | | 5 | 7 | | |
| L. L. L. | | 5 | 6 | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

NAME _____

RELATION
SHIP

Age

BIRTHPLACE

11/11/11

D

5

Edgett

12

3

[illegible]

4

FORM 10-636a 4-2-65

1910 CENSUS INDEX FAMILY (Continued)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15. 10. 1940. 15. 10. 1940.

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| L145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Le Blanc, Nalfred |
| COUNTY | | E.D. | | SHEET | |
| Imption | | 5 | | 11 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Anna | | W | 31 | | |
| Pearl | | D | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L14- | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 21 | | 109 | 12 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 17 | | |
| Charley | | S | 16 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|----|
| 545 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 42 | E.D. | 47 |
| | | BIRTHPLACE | | SHEET 11 | |
| COUNTRY | | Lafourche | | CITY | |
| ENUMERATED WITH | | | | | |
| LeBlanc, Beaugard | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P81

| | | | | | |
|-------------------------|------------|----------------|-----------|------------|--|
| 145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 44 | BIRTHPLACE | |
| COUNTY | | | Ascension | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Felice | W | 39 | | |
| | Alphonse | S | 17 | | |
| | Felicien | S | 14 | | |
| | Felice | D | 12 | | |
| | William | S | 10 | | |
| | Philomaine | D | 8 | | |
| | Gertrude | D | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 145 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mw | 4 | | | 1 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ascension | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purkin Ellen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| adopted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61

| | | | | | |
|-----------------------|---|---|----|-----------------|----|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 50 | E.D. | 78 |
| | | BIRTHPLACE | | SHEET 6 | |
| COUNTY | | Rapides | | CITY Alexandria | |
| ENUMERATED WITH | | Taylor, Charles | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16196-P61

| | | | | | |
|--|---|---|----|--|-------------------|
| 2145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 36 | BIRTHPLACE | E.D. 153 SHEET 16 |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| L. Blease, Albert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
[Signature] | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15108-P01

| | | | | | |
|-------------------------|------|----------------|-----|------------|-------|
| 14 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | Male | AGE | 54 | BIRTHPLACE | |
| | | | | E.O. | SHEET |
| | | | | 158 | 17 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | | w | 47 | | |
| Mary | | d | 19 | | |
| Robert | | s | 18 | | |
| Joseph | | s | 17 | | |
| Josephine | | d | 17 | | |
| Henry | | s | 14 | | |
| Adam | | s | 13 | | |

FORM 18-636 (4-20-01)
1910 CENSUS INDEX, FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

L145

| | | | | |
|-------------------------|-------------------------|------------|------------|-----------|
| <i>L145</i> | HEAD OF FAMILY | | E.D. | SHEET |
| | <i>Le Blanc William</i> | | <i>102</i> | <i>18</i> |
| COLOR | AGE | BIRTHPLACE | | |
| <i>W</i> | <i>27</i> | | | |
| COUNTY | | CITY | | |
| <i>Terrebonne</i> | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Arnet</i> | <i>W</i> | <i>23</i> | | |
| <i>Elna</i> | <i>D</i> | <i>3</i> | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-------------------|---------------|-------|------------|
| 145 | HEAD OF FAMILY | | E.D. | SHEET |
| | Le BLANC, WILLIAM | | 1 | 6 |
| COLOR
W | AGE
27 | BIRTHPLACE | | |
| COUNTY
Acadia | Acadia | CITY
Rayne | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| MAZAI | | W | 29 | |
| LOUIS | | S | 3 | |
| HERBERT | | S | 7 1/2 | |
| STUTTS, SYLVANIA | | M-L | 66 | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|---------|----------------|-------|------------|-------|
| 2145 | | HEAD OF FAMILY | | E.D. | SHEET |
| Loflin William H | | | | 53 | 15 |
| COLOR | W | AGE | 26 | BIRTHPLACE | |
| COUNTY | Jackson | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma L | | W | 26 | Ala. | |
| Cullin A. | | S | 3 | | |
| Margaret H | | S | 1 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----|---|------|---|-------|
| 745 | | NAME OF INDIVIDUAL | | E.D. | SHEET |
| | | L. Blane Willis | | 46 | 15 |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 9 | | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| ENUMERATED WITH | | | | | |
| Caraway Chas B | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Cousin | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

LOUISIANA

| | | | | |
|-------------------------|------------------|--------------|-----------------------------|------------|
| P145 | HEAD OF FAMILY | | E.D. | SHEET |
| | Le Blanc, Willie | | 4 | 13 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 30 | | | |
| COUNTY | Acension | | CITY Donaldsonville village | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Neda | | W | 28 | |
| Willie | | S | 3 | |
| Richard | | S | 12 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-145 | | NAME OF INDIVIDUAL
Lablanc, Willie | | E.D.
132 | SHEET
10 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
19 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Washington | | CITY
Bogalusa | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Victor, Dupuy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18198-P81

LOUISIANA

| | | | | |
|--|---|------------|-------------------|-------------------|
| 2145 | NAME OF INDIVIDUAL
<i>Leblanc Willie</i> | | E.D.
<i>20</i> | SHEET
<i>5</i> |
| COLOR
<i>Dark</i> | AGE
<i>32</i> | BIRTHPLACE | | |
| COUNTY
<i>East Baton Rouge</i> | CITY
<i>Baton Rouge</i> | | | |
| ENUMERATED WITH
<i>Mrs. Mary Henry</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input checked="" type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
 <hr/> </div> </div> | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18199-P-61

LOUISIANA

| | | | | |
|----------------------------|---|--------------|------------|-------------|
| L145 | HEAD OF FAMILY
<i>Le Blanc, Willie</i> | | E.D.
36 | SHEET
29 |
| COLOR
<i>W</i> | AGE
<i>40</i> | BIRTHPLACE | | |
| COUNTY
<i>Lafourche</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Julia</i> | | <i>W</i> | <i>36</i> | |
| <i>Walter</i> | | <i>S</i> | <i>14</i> | |
| <i>Theresa</i> | | <i>S</i> | <i>18</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|--|--------------|-------------|-------------|
| 145 | HEAD OF FAMILY
<i>L. Blanc Willie</i> | | E.D.
121 | SHEET
33 |
| COLOR
<i>Ma</i> | AGE
21 | BIRTHPLACE | | |
| COUNTY
St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Alice</i> | | <i>w</i> | <i>21</i> | |
| <i>Morris</i> | | <i>s</i> | <i>4</i> | |
| <i>Killa</i> | | <i>d</i> | <i>2</i> | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|----------|--|--|----------------------------------|-------------|
| 2145 | | NAME OF INDIVIDUAL
Lafiane, Willis | | ED
121 | SHEET
44 |
| COLOR
W | AGE
3 | BIRTHPLACE | | | |
| COUNTY
St. Landry | | CITY | | | |
| ENUMERATED WITH
Bachelor, Dorsina | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | | <input type="checkbox"/> NEPHEW | | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | | <input type="checkbox"/> NIECE | | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | | <input type="checkbox"/> FATHER-IN-LAW | | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | | <input type="checkbox"/> MOTHER-IN-LAW | | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | | <input type="checkbox"/> SON-IN-LAW | | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | | <input type="checkbox"/> DAUGHTER-IN-LAW | | OTHER (Specify) | |
| <input type="checkbox"/> AUNT | | <input type="checkbox"/> BROTHER-IN-LAW | | 5 | |
| <input type="checkbox"/> UNCLE | | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVID

USCOM-DC 18108-P61

LOUISIANA

| | | | | |
|-------------------------|--------------------|--------------|------|------------|
| L 145 | HEAD OF FAMILY | | E.D. | SHEET |
| | Le Blanc, Wypolite | | 10 | 18 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 79 | | | |
| COUNTY | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Adelene | | W | 66 | |
| Pauline | | D | 39 | |
| Robert | | S | 37 | |
| Lillie | | D | 33 | |
| Louise | | D | 26 | |
| Edward | | S | 23 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | | |
|-------------------------|------------|-------------------|-----------|------------|-------|
| L/45 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | De Blane, Ygauste | | 10 | 3 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 54 | | | | |
| COUNTY | Assumption | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edward | | S | 23 | | |
| Bruna | | S | 21 | | |
| Charles | | S | 15 | | |
| Bernard | | S | 13 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|--|--|------------|------|-------|
| 945 | | NAME OF INDIVIDUAL | | E.O. | SHEET |
| | | Le Blanc, Zelma | | 20 | 3 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 46 | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | New Iberia | | |
| ENUMERATED WITH | | | | | |
| Fisher, Walter | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

15COMM-DC 15129-P-61

LOUISIANA

| | | | | | |
|--|-----------------|---|--------------------------|--|--------------------|
| 2145 | | NAME OF INDIVIDUAL
<i>Le Blanc, Zoe</i> | | E.O.
<i>70</i> | SHEET
<i>27</i> |
| COLOR
<i>B</i> | AGE
<i>5</i> | BIRTHPLACE | | | |
| COUNTY | Lafayette | | CITY
<i>Lafayette</i> | | |
| ENUMERATED WITH
<i>Bernard, Virginia</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>51</i> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15COIAM-DC 1910S-P61

LOUISIANA

| | | | |
|-------------------------|--------------|------------|------------|
| 745 Le Blanc, Julia | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 51 | | |
| COUNTY | | CITY | |
| Vermillion | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Broussard, Sophie | 2 | 30 | |
| John | D | 29 | |
| Julia | 3 | 26 | |
| | | | |
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| | | | |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | Le Blanc, Zulma |
| COUNTY | | Vermillion | | CITY | Delcambre |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Le Blanc | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------|------------|--------|
| 2145 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 36 | Le Blanc Zuber | | 133 27 |
| COUNTY | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Agnes | W | 26 | | |
| Etta | S | 1 3/4 | | |
| | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF

~~Thompson Submarine~~

MADE IN U.S.A.

1944-1945

| | |
|---|---|
| LOUISIANA | |
| L 146 | NAME OF INDIVIDUAL <i>Joseph, Oscar</i> |
| COLOR <i>W</i> | F. D. <i>163</i> SHEET <i>7</i> |
| AGE <i>10</i> | BIRTHPLACE |
| COUNTY <i>St. Landry</i> | CITY <i>Opelousas</i> |
| ENUMERATED WITH <i>President, Father</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCO:44-DC 18195-P61

| | | | | | |
|--|-----------|--|--|--|-----------|
| X 50 | | NAME OF INDIVIDUAL
<i>Levan Abram</i> | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| <i>Mr</i> | <i>10</i> | | | <i>138</i> | <i>11</i> |
| COUNTY | | CITY | | | |
| | | <i>Vermillion</i> | | | |
| ENUMERATED WITH
<i>Miss Charley</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|------------|--|-------------------|
| L 150 | | NAME OF INDIVIDUAL
<i>Lebeaux Achille</i> | | LOUISIANA | |
| COLOR
<i>W</i> | | AGE
<i>74</i> | BIRTHPLACE | | |
| COUNTY | | CITY
<i>Pointe Coupee</i> | | E.D.
<i>78</i> | SHEET
<i>3</i> |
| ENUMERATED WITH
<i>Vigors, A. N.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> Niece
<input checked="" type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-----------|
| 4150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 31 | BIRTHPLACE | Lafayette |
| COUNTY | Lafayette | | CITY | Lafayette | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laghi | | W | 33 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------|--------------------|--|-----------|-------|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | F.D. | SHEET |
| mu | 1/12 | Alabama, Adam | | 52 | 13 |
| COUNTY | | CITY | | | |
| | | Plaquemines | | | |
| ENUMERATED WITH | | | | | |
| Buster | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 33%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 33%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;">S</div> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC014M-DC 1910-P81

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 36 | Calcasieu | 30 19 |
| COUNTY | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Vera | W | 32 | |
| Louis | S | 8 | |
| Don | S | 6 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 750 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mu | | 22 | Louis Adolphe | 50 | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louis John | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daughter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|---|------------------|---|------|--|--------------------|
| L150 | | NAME OF INDIVIDUAL
<i>Lebon Adeline</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>65</i> | BIRTHPLACE | | E.D.
<i>52</i> | SHEET
<i>10</i> |
| COUNTY
<i>St. John the Baptist</i> | | | CITY | | |
| ENUMERATED WITH
<i>Celestine Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | St. Louis, Adraute |
| COUNTY | | St. Landry | | CITY | Willie Platte |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eloidi M. | | W | 31 | | |
| Kolta | | A | 14 | | |
| Edwisy | | K | 17 | | |
| Emily | | K | 9 | | |
| Marta | | S | 6 | | |
| Mary | | F | 14 | | |
| Kidean, Eda | | S | 14 | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|-----|----------------|-------------------|
| 5190 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 35 | BIRTHPLACE | E.D. 136 SHEET 25 |
| COUNTY | | Vermillion | | CITY Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Rebecca | W | 35 | | |
| | Franci | D | 12 | | |
| | Wm | S | 9 | | |
| | Robert | S | 2 | | |
| | Samal | D | 4 | | |
| | Myron | S | 4 | | |
| | Paula | D | 2 | | |

FORM 10-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | CARD 2 OF 2 |
|-------------------------|--------------|-------------|-------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>I Sarance</i> | <i>S</i> | <i>9/12</i> | |
| | | | |
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FORM 10-636e (4-20-61)
1910 CENSUS INDEX - FAMILY X

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15198-161

| | | | | | |
|---|-----------------|---|--|---|--------------------|
| L150 | | NAME OF INDIVIDUAL
<i>Levesque, Albert</i> | | LOUISIANA | |
| COLOR
<i>8</i> | AGE
<i>3</i> | BIRTHPLACE | | E.D.
<i>114</i> | SHEET
<i>26</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Thomas Belange</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input checked="" type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18198-P81

| | | |
|------|----------------|-----------|
| 2146 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|-----|----------------|-----------|
| 150 | HEAD OF FAMILY | LOUISIANA |
|-----|----------------|-----------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| 5150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 35 | BIRTHPLACE | 136 |
| | | | | SHEET 25 | |
| COUNTY | | Vermillion | | CITY | |
| | | | | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosa | | W | 40 | | |
| Nancy | | D | 11 | | |
| Joe | | S | 8 | | |
| Lina | | D | 5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L150

NAME OF INDIVIDUAL

| | | | | | |
|-----------------------|-----------|--|----|------------|----------------|
| L 150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 18 | BIRTHPLACE | |
| COUNTY | Ascension | | | CITY | Donaldsonville |
| ENUMERATED WITH | | Bella Iron | | | |
| RELATIONSHIP TO ABOVE | | <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
step son | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18186-P61

| | |
|-------|----------------|
| L 146 | HEAD OF FAMILY |
| COLOR | |

| | | | | | |
|-------------------------|------------|----------------|-----|------------|-----------|
| 2-146 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | W | AGE | 32 | BIRTHPLACE | LOUISIANA |
| COUNTY | St. Landry | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Atanise | | W | 29 | | |
| Joseph H | | S | 10 | | |
| Angellena | | D | 8 | | |
| Leonce | | S | 6 | | |
| Alvirian | | D | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| 4150 | HEAD OF FAMILY |
| COLOR | |

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 450 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 1 | 39 | Lafourche | 45 | 2 |
| COUNTY | | | | |
| Lafourche CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | W | 34 | | |
| Edna | D | 12 | | |
| William | S | 7 | | |
| John | S | 10 | | |
| George | D | 4 | | |
| 11 | 4 | 54 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|-----|----------------|-----------|
| 450 | HEAD OF FAMILY | LOUISIANA |
|-----|----------------|-----------|

| | | | | | | | |
|-------------------------|---|----------------|----|--------------|--|------------|----|
| 450 | | HEAD OF FAMILY | | Leban Alfred | | LOUISIANA | |
| COLOR | B | AGE | 36 | BIRTHPLACE | | E.D. | 87 |
| | | | | | | SHEET | 6 |
| COUNTY | | | | St. Mary | | CITY | |
| | | | | Franklin | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Matilda | | W | | 37 | | | |
| Baker Lucy | | C | | 18 | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------------|---|--|--------------------|--------------------|
| L146 | | NAME OF INDIVIDUAL
<i>LeBlanc, Alice</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>9</i> | BIRTHPLACE | | E.O.
<i>114</i> | SHEET
<i>24</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>LeBlanc, Victor</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S-D</i> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | |
|-------|--|----------------|--|
| L150 | | HEAD OF FAMILY | |
| COLOR | | | |

| | | | | | |
|-------------------------|------------|----------------|-------|------------|------|
| 2150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 35 | BIRTHPLACE | Alma |
| COUNTY | St. Landry | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Madam | | W | 23 | | |
| Paul | | S | 11 | | |
| Florence | | D | 9 | | |
| Alma | | S | 4 | | |
| John | | S | 1 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------|--|----------------|--|
| L 146 | | HEAD OF FAMILY | |
| COLOR | | Lola | |

| | | | | | |
|-------------------------|------------|----------------|------|------------|---------------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | Lafleur, Alma |
| COUNTY | St. Landry | | CITY | E.D. | 117 |
| SHEET 3 | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Remy | | S | 17 | | |
| Olympe | | D | 15 | | |
| And 1 boarder | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|--------------------|
| L 146 | NAME OF INDIVIDUAL |
|-------|--------------------|

| | | | | | |
|--|------------|---|------|--|------------|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 13 | BIRTH PLACE | St. Landry |
| COUNTY | St. Landry | | CITY | Ville Platte | |
| ENUMERATED WITH | | | | | |
| Lapleur, Yousck | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18183-P61

| | | | | | |
|--|---|--------------------|--|------------|------------------|
| 4150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | E.D. 72 SHEET 17 |
| COUNTY | | | Lafayette | | |
| ENUMERATED WITH | | | CITY | | |
| RELATIONSHIP TO ABOVE | | | Landry, Jules | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 4146 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------|
| L146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | w | AGE | 25 | BIRTHPLACE | St. Landry |
| | | | | E.D. | 117 |
| | | | | SHEET | 28 |
| COUNTY | | | | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Melba | | w | 22 | | |
| Edith | | D | 8 | | |
| Eva | | D | 6 | | |
| Malda | | D | 1 | | |
| Lurant | | B | 20 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L146 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|------|------------|-----------|
| 8146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Calcasieu |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louie | | W | 31 | | |
| Marian C. | | S | 12 | | |
| Bernie M. | | N | 7 | | |
| Louie J. | | N | 3 | | |
| Louie E. M. | | S | 2 | | |
| 4 boarders | | | | | |
| 2 employed | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|-------------------|
| 2150 | | NAME OF INDIVIDUAL
<i>Lehan Amelia</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>48</i> | BIRTHPLACE | | E.D.
<i>78</i> | SHEET
<i>3</i> |
| COUNTY | | Pointe Coupee | | CITY
<i>Morganza</i> | |
| ENUMERATED WITH
<i>Vignes, A. D.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1610-P01

| | |
|------|----------------|
| 2146 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|------------|----------------|----------|------------|-----|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | w | AGE | 29 | E.D. | 117 |
| COUNTY | BIRTHPLACE | | SHEET 29 | | |
| dry | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Selina | | w | 28 | | |
| Adin | | s | 5 | | |
| Deloris | | d | 3 | | |
| Gena | | d | 6 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| 2156 | HEAD OF FAMILY |
| COLOR | |

| | | | | | |
|-------------------------|-----|----------------|--------|------------|-------|
| *156 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 30 | Andrew | | 32 | 1 |
| COUNTY | | CITY | | | |
| Calcasieu | | Welch | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bozline | | W | 22 | | |
| Clarence A. | | S | 7 | | |
| Walter J. | | S | 5 | | |
| Herman A. | | S | 3 | | |
| Mary R. | | D | 17 1/2 | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-----|--------------------|
| 156 | NAME OF INDIVIDUAL |
|-----|--------------------|

| | | | | | |
|--|-------------|---|------|---|--|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | White | AGE | 7 | BIRTHPLACE | |
| COUNTY | Plaquemines | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE <i>Quaker, Doctor</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S</i> | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18194-P01

| | |
|-------|----------------|
| 2150 | HEAD OF FAMILY |
| COLOR | |

| | | | | | |
|-------------------------|-------------|----------------|-----|------------|---------------|
| 2150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | Lebon, Angelo |
| COUNTY | Flaquemines | | | E.D. | 56 |
| | | | | SHEET | 19 |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 20 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| 2150 | HEAD OF FAMILY |
| COLOR | W |

| | | | | | |
|-----------------------------|------------------|---------------------------------|-----------|-----------------|--------------------|
| L150 | | HEAD OF FAMILY
<i>Lilvin</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>31</i> | BIRTHPLACE
<i>Arrestide</i> | | ED
<i>10</i> | SHEET
<i>27</i> |
| COUNTY
<i>Assumption</i> | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>May</i> | | <i>W</i> | <i>37</i> | | |
| <i>Pleasant Bertha</i> | | <i>D</i> | <i>21</i> | | |
| <i>1 Lawrence</i> | | <i>GS</i> | <i>4</i> | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| 2146 | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|----------------|-----------------------------------|------------|-------------|
| COLOR
B | AGE
26 | BIRTHPLACE
Lafayette, Aristide | | E.D.
107 |
| COUNTY | S. 15. 1st | | CITY | SHEET
12 |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adeline | W' | 24 | | |
| Charlie | S | 8 | | |
| George | S | 6 | | |
| Eugene | D | 4 | | |
| Lillian | D | 2 | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|-------|----------------|--|
| 2146 | HEAD OF FAMILY | |
| COLOR | Lafayette | |

| | | | | | | | |
|-------------------------|---|----------------|-----|-----------------|------------|-----------|-----|
| 4146 | | HEAD OF FAMILY | | Lafleur, Armand | | LOUISIANA | |
| COLOR | N | AGE | 41 | BIRTHPLACE | St. Landry | E.D. | 118 |
| COUNTY | | | | | | SHEET | 2 |
| | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Christine | | W | 28 | | | | |
| Armene | | H | 17 | | | | |
| Octave | | S | 16 | | | | |
| Lena | | H | 10 | | | | |
| Roza | | S | 6 | | | | |
| Inna | | H | 3 | | | | |
| Paulin | | S | 1/2 | | | | |

FORM 10-436 (4-30-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

NAME Loislan Armand

 Σ

40

FORM 10-4340 14-20-61

1910 CENSUS INDEX . FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

9-27-68 10:04 AM

NAME OF INDIVIDUAL

| | | | | | |
|--|------------------|--|--|--------------------|--------------------|
| L-146 | | NAME OF INDIVIDUAL
<i>Rafael Armstead</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>14</i> | BIRTHPLACE | | E.D.
<i>118</i> | SHEET
<i>12</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Lee Tadus</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> IMMIGRANT
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Orphan</i> | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|--|------------|--------------------|--|------------|------------------|
| 446 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | Male | AGE | 5 | BIRTHPLACE | Bayou, Louisiana |
| COUNTY | St. Landry | | CITY | E.D. | 114 |
| ENUMERATED WITH | | | SHEET 5 | | |
| RELATIONSHIP TO ABOVE | | | Cousin, Oval | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> Niece
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----------------------|------------|----------------------|
| 2144 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 7 | BIRTHPLACE | Lafayette, Louisiana |
| COUNTY | | | E.D. | 114 | SHEET 5 |
| ENUMERATED WITH | | | St. Landry | | |
| RELATIONSHIP TO ABOVE | | | CITY | | |
| RELATIONSHIP TO ABOVE | | | Lafayette, Louisiana | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----------|--|---------------|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 20 | BIRTHPLACE | Kaplan, Amida |
| COUNTY | | | | E.D. | 114 |
| | | | SHEET 11 | | |
| ENUMERATED WITH | | St. Landry | | CITY | |
| RELATIONSHIP TO ABOVE | | Cateys, Emily | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
d | |

FORM 16-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | |
|-------|----------------|
| 4156 | HEAD OF FAMILY |
| COLOR | |

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L156 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 6' | 37 | Arnaud | 31 | 29 |
| COUNTY | | | | |
| F. H. S. | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Laurie Arnaud | | | | |
| | | | | |
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| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L146 | HEAD OF FAMILY |
| COLOR | |

| | | | | |
|-------------------------|----------------|-----------------|------------|-------|
| L146 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| B | 40 | Lafluer, Arnold | 114 | 18 |
| COUNTY | | | | |
| Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jack | Comp | 60 | | |
| 1 Andrew | W | 59 | | |
| Lige | | | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|--------------------|
| L146 | NAME OF INDIVIDUAL |
|------|--------------------|

| | | | | | |
|--|---|---|------|--|------------|
| L146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 35 | BIRTHPLACE | St. Landry |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| Edwards, Joseph | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
Used man | |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVI

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18183-P61

| | |
|-------|----------------|
| L150 | HEAD OF FAMILY |
| COLOR | |

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|--|
| 250 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | (W) | AGE | 30 | BIRTHPLACE | |
| | | | Calcasieu | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Salia | (W) | 28 | | | |
| Columbus | S | 8 | | | |
| George | S | 5 | | | |
| Jasper | S | 3 | | | |
| Wm | D | 8/12 | | | |
| 8 / 12 | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | |
| COUNTY | | St. Landry | | CITY | Ville Platte |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Alice | | D | 8 | | |
| / Amosine L | | | 4 | | |
| Widene, Mrs. Gaudule M | | M | 65 | | |
| / Fabien | | B | 28 | | |
| / Hilaire | | B | 32 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 17 | Rafles, Arthur | | 114 | 9 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | Tennison, T. Lemack | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-F-61

| | | | | | |
|--|------------|--------------------|--|------------|-----------------|
| L146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | MH | AGE | 15 | BIRTHPLACE | Lafluer, Atolia |
| COUNTY | St. Landry | | CITY | E.D. | 114 |
| ENUMERATED WITH | | | SHEET 17 | | |
| RELATIONSHIP TO ABOVE | | | Edward, Joseph | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18195-P61

| | | | | | |
|---|-----------------|--------------------------------------|--|-------------------|--------------------|
| L150 | | NAME OF INDIVIDUAL
<i>La Brea</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>7</i> | BIRTHPLACE
<i>Anguostine</i> | | E.D.
<i>36</i> | SHEET
<i>33</i> |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Lake Charles</i> | | | |
| ENUMERATED WITH
<i>Hunter Henry</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<i>D</i> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L146 | HEAD OF FAMILY |
| COLOR | |

2146

COLOR W

AGE 54

BIRTHPLACE St. Landry

HEAD OF FAMILY Lafleur

Angie

LOUISIANA

E.D. 152

SHEET 36

COUNTY

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Amelia | W | 18 | |
| Erosa | D | 24 | |
| John | S | 22 | |
| Sophie | D | 20 | |
| Joseph B | S | 18 | |
| Victor | S | 15 | |
| Maise | S | 12 | |

FORM 10-636 (4-20-67)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

FORM 10-636a (4-20-61)
1910 CENSUS

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 18102-P61

HEAD OF FAMILY

15108-P61

| | | | | | |
|-------------------------|----|----------------|-------|------------|--|
| L 150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | mu | AGE | 29 | BIRTHPLACE | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Madam | | W | 26 | | |
| Lester | | S | 7 | | |
| Ivory | | S | 4 | | |
| Ervin | | S | 2 1/2 | | |
| James Ernest | | B-L | 11 | | |
| Hattie | | S-L | 17 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L 150

HEAD OF FAMILY

LONG

| | | | | |
|---------------------------------|---|------------|--------------------|-------------------|
| 2150 | HEAD OF FAMILY
<i>Louveny Baylis</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>38</i> | BIRTHPLACE | E.O.
<i>143</i> | SHEET
<i>3</i> |
| COUNTY
<i>West Feliciana</i> | CITY
<i>St. Francisville</i> | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Man</i> | <i>W</i> | <i>29</i> | | |
| <i>Thomas</i> | <i>S</i> | <i>3</i> | | |
| <i>Man</i> | <i>D</i> | <i>2</i> | | |
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FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| 2146 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|------|------------|--------|
| 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Ben |
| COUNTY | | | E.D. | 1 | SHEET |
| | | Acadia | | CITY | Rapine |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Emma | | W | 21 | | |
| Edwin | | S | 2 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-----|----------------|
| 146 | HEAD OF FAMILY |
|-----|----------------|

LOUISIANA

| | | | | | |
|-------------------------|-----------|----------------|------------|------------|--|
| L-146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | |
| COUNTY | | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lucille | W | 50 | | |
| | Emile | S | 23 | | |
| | Alfred | S | 20 | | |
| | Ferdinand | S | 16 | | |
| | Elizabeth | D | 10 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 28 | BIRTHPLACE | Lavalier, Benton |
| COUNTY | | CITY | | E.D. | 16 |
| | | | | SHEET | 2 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Sara | | W | 29 | | |
| Joseph, Rose | | Si. ch. | 21 | | |
| | | | | | |
| | | | | | |
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FORM 16-836 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | BIRTHPLACE | La fleur Luthier |
| COUNTY | | St. Landry | | CITY | Opelousas |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Walter | S | 16 | | | |
| Wesley | P | 18 | | | |
| Celima | D | 15 | | | |
| Thesphile | S | 13 | | | |
| David | S | 6 | N.Y. | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|-------------------|
| 250 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 6 | BIRTHPLACE | E.D. 34 / SHEET 8 |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>Stepson</i> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18190-P01

| | | | | | |
|-------------------------|----------|----------------|------|-------------|----------------|
| 9150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 34 | BIRTHPLACE | Libanon, Buddy |
| COUNTY | St. Mary | | CITY | Morgan City | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| + 130 Josephine | | w | 30 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|------|------------|-----------|
| L 150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 6 | BIRTHPLACE | Ascension |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |
| <div style="text-align: right; margin-right: 50px;"> <i>Leven, Bulah</i>
 <i>Redigian, Paul</i>
 <i>Daughter</i> </div> | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15105-P81

| | | | | |
|--|--|------------|--------------------|-------------------|
| 2146 | NAME OF INDIVIDUAL
<i>Lefleur, Cassie</i> | | LOUISIANA | |
| COLOR
<i>M</i> | AGE
<i>13</i> | BIRTHPLACE | E.D.
<i>114</i> | SHEET
<i>1</i> |
| COUNTY | St. Landry | | CITY | |
| ENUMERATED WITH
<i>Burgess, Virginia</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> PRISONER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | |
|------|----------------|
| 2156 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|---|----------------|------|------------|------|
| 5756 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 31 | BIRTHPLACE | 2421 |
| COUNTY | | Iberia | | CITY | |
| Jeanette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adisa | | W | 32 | | |
| Rosa | | D | 7 | | |
| Carpenter | | S | 7 | | |
| Clair | | S | 3 | | |
| Howard | | S | 9/12 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|---|-------------------|
| 250
COLOR B | | NAME OF INDIVIDUAL
Labane, Celestine | | LOUISIANA | |
| AGE
52 | | BIRTHPLACE | | E.D.
17 | SHEET
6 |
| COUNTY
St. Mary | | CITY
Morgan City | | | |
| ENUMERATED WITH
Perrin, Oscar | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

1910-601

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| L 150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 69 | BIRTHPLACE | Cezar |
| COUNTY | | | | | |
| Ascension | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elisa | | W. | 61 | | |
| Joseph | | S. | 22 | | |
| Lewie Clementine | | F | 24 | | |
| Leven Martha | | F | 19 | | |
| Lewie Sarah | | S. | 7 | | |
| Viola | | S. | 6 | | |
| Elnora | | S. | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|-----|
| 5146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | |
| | | | | E.D. | 121 |
| | | | | SHEET | 51 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | William | W | 26 | | |
| | Mother | D | 11 | | |
| | George | D | 9 | | |
| | Olita | D | 6 | | |
| | Alexander | S | 4 | | |
| | Hattie | D | 2 | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|-------------|-----|
| 216 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | |
| | | | | E.D. | 121 |
| | | | | SHEET | 12 |
| COUNTY | | St. Landry | | CITY Eunice | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| May J | | W | 26 | | |
| Leon C | | S | 8 | | |
| Robert A | | S | 6 | | |
| Josephine | | D | 5 | | |
| May Maud | | D | 3 | | |
| Monela, Marie E | | Sil | 16 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------|----------------|
| L 141 | HEAD OF FAMILY |
|-------|----------------|

| | | | | | |
|-------------------------|---|----------------|------|------------|-----------------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | Lafleur Charles |
| E.D. | | 117 | | SHEET 36 | |
| COUNTY | | | | | |
| St. Landry | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Hilda | | D | 15 | | |
| Bladys | | D | 13 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|---------------|--|-----------|----|
| 2150 | | HEAD OF FAMILY | | Louis Charles | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | | E.D. | 47 |
| COUNTY | | | | | | SHEET | 1 |
| Lafourche | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Emily | | W | 37 | | | | |
| Zrosclan | | | 121 | | | | |
| Augusta | | | 13 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|----------------|-----|------------|---------|
| L. 50 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Charles |
| COUNTY | | Plaquemines | | CITY | |
| <div style="text-align: center;"> MEMBERS OF FAMILY </div> | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rose | | W | 30 | ST | |
| Phillip | | S | 5 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|--------------------|
| 2150 | | NAME OF INDIVIDUAL
<i>Leman Charley</i> | | LOUISIANA | |
| COLOR | AGE
<i>76</i> | BIRTHPLACE | | E.D.
<i>138</i> | SHEET
<i>11</i> |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH
<i>Wiss Charley</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | |
|-------------------------|-----------|----------------|------|------------|----------------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 66 | BIRTHPLACE | Lepine Charley |
| COUNTY | Lafourche | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annie | | W | 61 | | |
| Wilson | | S | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| 250 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | Italy |
| COUNTY | | Ascension | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lena | | W | 31 | Italy | |
| Chick | | D | 12 | Italy | |
| Anothus | | D | 8 | Italy | |
| Mary | | D | 5 | | |
| Aladye | | S | 1 | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|------------|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 16 | BIRTHPLACE | St. Landry |
| | | | | CITY | |
| COUNTY | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|---|---|---|-------------------|--|-----|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 8 | E.D. | 136 |
| | | BIRTHPLACE | | SHEET | 13 |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | Broussard Landing | | |
| ENUMERATED WITH | | | | | |
| Mary Olga | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|--------|
| 150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 80 | BIRTHPLACE | Cilama |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| Larine John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|--|-------|--|--|--|-------|
| 2156 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 6 1/2 | | | 70 | 2 |
| COUNTY | | CITY | | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Briston, George | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15100-P01

| | | | | | | | |
|-------------------------|---|----------------|-----|----------------|----|-----------|----|
| 2146 | | HEAD OF FAMILY | | Laffler, Clara | | LOUISIANA | |
| COLOR | B | BIRTHPLACE | B | E.D. | 56 | SHEET | 18 |
| COUNTY | | CITY | | Plaquemine | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Smith, Ellen | | M | 60 | | | | |
| Brown, Rella | | S | 35 | | | | |
| + 1 Partner | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|----|
| L146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 28 | E.D. | 83 |
| | | BIRTHPLACE | | SHEET 27 | |
| COUNTY | | ST. Mary | | CITY | |
| ENUMERATED WITH | | | | | |
| Verret Jules | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input checked="" type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WACONS-DC 12185-P41

HEAD OF FAMILY **LOUISIANA**

L150 **La Bine Clement** **E.D. 4** **SHEET 16**

COLOR **W** AGE **65** BIRTHPLACE

COUNTY **Acadia** CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|-----------|------------|
| Edelie | w | 63 | |
| Angelle | s | 19 | |
| Harore | s | 17 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|---|--|--------|
| 2151 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 8 | BIRTHPLACE | 103 12 |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | | | | |
| Le Beauf, Emily | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 10120-P01

| | | | | | |
|-------------------------|-------|----------------|------------|------------|-------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 42 | | 152 | 18 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Eva | D | 19 | | |
| | Rosa | D | 12 | | |
| | Alice | D | 8 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------------|----------------|--------|------------|-----|
| L176 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | |
| | | Lafleur, Chest | | E.D. | 119 |
| | | | | SHEET | 18 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Adelle | W | 19 | | |
| | Nilda | D | 3 | | |
| | Emma | D | 12 1/2 | | |
| | Barton, Marie | m. | 56. | | |
| | Dewellier, Raphael | Consin | 12 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|-----------------|
| L146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Lafleur, Clovis |
| COUNTY | | St. Louis | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Myra | | W | 19 | | |
| Thudgy | | D | 1 3/4 | | |
| Lafleur, Leona | | D | 65 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 19 | | 35 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| East Baton Rouge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATOR | | | Hart, Albert H | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|---|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2.50 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| L. 50 | | Lavene, Cora L | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W East Baton Rouge | BIRTHPLACE | | 34 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input checked="" type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-----------------|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | Lafleur, Curley |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adèle | | W | 24 | | |
| Charles | | S | 2/12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Lafayette, Louisid |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Sedisto | | W | 20 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Davis |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ella | | W | 19 | | |
| Wilfer L | | S | 1 | | |
| Joseph | | S | 13 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------|---|--|---|-----------|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| <i>R</i> | <i>36</i> | <i>Lafleur, Nedie</i> | | <i>121</i> | <i>36</i> |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| <i>Marchan Cyrus</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18105-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| <i>L-146</i> | | NAME OF INDIVIDUAL
<i>Lafleur Demick</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>11</i> | BIRTH PLACE | | E.D.
<i>100</i> | SHEET
<i>22</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lafleur Etienne D.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i></td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 19-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L 150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 2 | 30 | | | 50 | 10 |
| COUNTY | | CITY | | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Martin | U | 27 | | | |
| Martin | S | 10 | | | |
| John L. | H | 6 | | | |
| Roy | S | 4 | | | |
| Adeline | S | 3 | | | |
| Joseph | B | 25 | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|-----|
| 5146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | 121 |
| | | | | SHEET 37 | |
| COUNTY | | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Margaret | | w | 27 | | |
| Agnes | | d | 7 | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|--------------|
| 2146 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | W | AGE | 48 | BIRTHPLACE | LOUISIANA |
| COUNTY | | St. Landry | | CITY | Ville Platte |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Beatrice | | D | 15 | | |
| Blink | | S | 14 | | |
| Leo | | S | 12 | | |
| Loutinot Mercy | | gr D | 1 1/2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------------|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 53 | BIRTHPLACE | Lafayette Dourville |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cora | | W | 52 | | |
| Yorknot Blanche | | N | 21 | | |
| Evel | | W | 24 | | |
| Hampton | | W | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|-----|
| L 146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 26 | E.D. | 117 |
| | | BIRTHPLACE | | SHEET 28 | |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| Lafless Ambrose | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Merline |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ella | | W | 21 | | |
| Edwin | | S | 2 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|----|
| 550 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 39 | E.D. | 39 |
| | | BIRTHPLACE | | 20 | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Kecia | | W | 26 | | |
| Cuthraile | | S | 8 | | |
| Davis | | S | 6 | | |
| Ida | | D | 11 | | |
| Drapme | | D | 2 1/2 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 17 | | 78 | 18 |
| BIRTHPLACE | | Syrria | | | |
| COUNTY | | Rapides | | CITY | |
| | | Alexandria | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 2 | 24 | | | 137 | 8 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Lina | | W | 23 | | |
| Ladie | | S | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| w | | 45 | Landry | 117 | 23 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 male E. | | w | 39 | | |
| Sealean Yelton | | DS | 6 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|---|------------|----------|
| L146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 2 | BIRTHPLACE | E.D. 114 |
| COUNTY | | St. Landry | | SHEET 25 | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Winford, Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18198-P61

| | | | | | |
|--|-----|--|--|--|-------|
| L146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 10 | Lafayette, Edmund | | 114 | 17 |
| COUNTY | | CITY | | | |
| | | St. Landry | | | |
| ENUMERATED WITH | | Edward, Joseph | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|---------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| NAME | AGE | E.D. | SHEET |
| <i>L. H.</i> | <i>46</i> | <i>114</i> | <i>7</i> |
| COLOR | BIRTHPLACE | | |
| <i>Man</i> | <i>La. H.</i> | | |
| COUNTY | CITY | | |
| <i>St. Landry</i> | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Louise</i> | <i>W</i> | <i>40</i> | |
| <i>Albia</i> | <i>D</i> | <i>19</i> | |
| <i>Legis</i> | <i>S</i> | <i>17</i> | |
| <i>Edmond Jr.</i> | <i>S</i> | <i>16</i> | |
| <i>Attale</i> | <i>S</i> | <i>15</i> | |
| <i>Curie</i> | <i>S</i> | <i>13</i> | |
| <i>Willie</i> | <i>S</i> | <i>7</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| William | S | 5 | |
| Leon | S | 3 | |
| Lee | S | 1 | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 23 | | 65 | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafayette | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sonnie Elu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. R. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| LOUISIANA | | | |
|-------------------------|-----------------------------|-----|------------|
| L 150 | HEAD OF FAMILY
Lafourche | | |
| E.D.
45 | SHEET
10 | | |
| COLOR
U | AGE
25 | | |
| BIRTHPLACE | | | |
| COUNTY
Lafourche | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Wister | U | 23 | |
| Young | S | 7 | |
| Richardson | S | 5 | |
| Edward | S | 12 | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| 5152 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| 26 | 54 | | | 31 |
| SHEET 4 | | | | |
| COUNTY | | | | |
| Calcasieu | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marick | w | 48 | | |
| Alexisie | s | 19 | | |
| Marica | d | 15 | | |
| Marie O | d | 12 | | |
| Marie L | d | 10 | | |
| Henry | c | 24 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 62 | BIRTHPLACE | La |
| COUNTY | | Avoyelles | | CITY | Franklin |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | C | 21 | | |
| Warrick | | 55 | 4 | | |
| Burns | | 50 | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|---|--|-------------------|
| 6150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 9 | BIRTHPLACE | E.D. 102 SHEET 34 |
| COUNTY | | Terrebonne | | CITY | |
| ENUMERATED WITH | | | | | |
| Moore William | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L151 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | Leveaux, Elphège |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Elane | | W | 32 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 5176 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | Lafayette, China |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Henry | | S | 21 | | |
| Ellipia | | S | 15 | | |
| Eda | | D | 13 | | |
| Linda | | D | 11 | | |
| Angelina | | P | 9 | | |
| Moses | | G.S. | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--------|---|------|--|----|
| 7150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 23 | E.D. | 19 |
| | | BIRTHPLACE | 23 | | |
| COUNTY | Iberia | | CITY | New Iberia | |
| ENUMERATED WITH | | | | | |
| Beattie Alexander | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Q | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| Le fleur, Emar | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 35 | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Steller | | W | 28 | | |
| Ferday | | S | 3 | | |
| Mary | | Sister | 16 | | |
| 4 mixed men & W | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1150 | | NAME OF INDIVIDUAL
<i>Lerine, Emar</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | E.D.
<i>71</i> | SHEET
<i>23</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafayette</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Proust, Clemille</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18199-P-01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 8150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | P.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| My | 2 | Sabana, Amila | | 52 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plaquemines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Busher, Bectas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| 2150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | |
| W | | 26 | | 101 | |
| BIRTHPLACE | | CITY | | SHEET | |
| COUNTY | | Iberville | | 5 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mallie | | W | 26 | | |
| Mallie | | D | 4 | | |
| Boyce | | S | 3 | | |
| Cashel | | D | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 156 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 26 | | 24 | | 31 | 3 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Athens | | w | 22 | | |
| Lalieu | | d | 2 1/2 | | |
| Willton | | s | 4 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 32 | | | 128 | 15 |
| COUNTY | | CITY | | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Eva | W | 32 | | | |
| Bernadette | D | 9 | | | |
| Odelle | D | 8 | | | |
| Lida | D | 4 | | | |
| Constance | D | 2 | | | |
| Emile | C | 14 | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 59 | BIRTHPLACE | Emiley |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jina | | D | 16 | | |
| Jehus | | S | 14 | | |
| Linn Mary | | D | 24 | | |
| Jock Della | | D | 14 | | |
| Land 2 Lodgers | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|----|
| 4150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | E.D. | 24 |
| | | BIRTHPLACE | | SHEET 18 | |
| COUNTY | | Iberia | | CITY | |
| | | | | Frankette | |
| ENUMERATED WITH | | Gonzouem Lucie | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|---|----------------|-----------|------------|-------------------------|
| L151 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 70 | BIRTHPLACE | <i>Le Baeffs Family</i> |
| | | E.D. | 103 | SHEET 12 | |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Eveline</i> | | <i>S</i> | <i>37</i> | | |
| <i>Walter</i> | | <i>S</i> | <i>38</i> | | |
| <i>Pauline</i> | | <i>DL</i> | <i>30</i> | | |
| <i>Marguerite</i> | | <i>DL</i> | <i>30</i> | | |
| <i>Robert</i> | | <i>GS</i> | <i>12</i> | | |
| <i>Clair</i> | | <i>GS</i> | <i>8</i> | | |
| <i>Henry</i> | | <i>GS</i> | <i>7</i> | | |

FORM 10-676 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | |
|-------------------------|--------------|----------|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>L Dolbert</i> | <i>CS</i> | <i>7</i> | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15102-P01

| | | | | | |
|--|------|---|--|--|--|
| 150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Larson, Emma | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 6/12 | | | | |
| COUNTY | | CITY | | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Breasted, George | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> WIFE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-NC 15100-P01

| | | | | | |
|---|------------------|---|------|--|-------------------|
| 1446 | | NAME OF INDIVIDUAL
<i>Lepulemia Emmet</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | E.D.
<i>58</i> | SHEET
<i>1</i> |
| COUNTY
<i>Iberville</i> | | | CITY | | |
| ENUMERATED WITH
<i>Nicholas Armond</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16196-P61

| | | | | | |
|-------------------------|---|----------------|-----|--------------|----|
| L 130 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | E.D. | 36 |
| | | BIRTHPLACE | | SHEET 12 | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 E. J. Jr. | | S | 4 | | |
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FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------------|------------|------------|
| 450 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
B | AGE
43 | BIRTHPLACE
Eraste | | E.D.
21 |
| COUNTY
Lafayette | | SHEET
30 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | W | 42 | | |
| Opheila | D | 14 | | |
| Eraste Jr | S | 12 | | |
| Cezile | D | 8 | | |
| Faola | D | 14 | | |
| Emaci | S | 12 | | |
| Barbara, Anatole | Orphan | 10 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| MEMBERS OF FAMILY | | | |
|-------------------|--------------|-----|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lerine, Edna | D | 14 | |
| Antoine | S | 4 | |
| Julius | S | 7 | |
| Laurant | S | 8 | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY X

FORM 10-436 (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 18100-P01

| | | | | | |
|-------------------------|---|----------------|-----------|------------|-----|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | a | AGE | 65 | BIRTHPLACE | |
| | | | | E.D. | 115 |
| | | | | SHEET | 8 |
| COUNTY | | | St Landry | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelia W | | | 62 | | |
| Blair Josephine | | | 23 | | |
| John L | | 9a | 9 | | |
| Joseph R. W | | 9a | 5 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L-146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Lafleur Estmon D |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Rita | | W | 20 | | |
| Demick | | B | 11 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|------|----------------|
| L146 | HEAD OF FAMILY |
|------|----------------|

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 60 | St. Landry | | 100 | 22 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | | W | 34 | | |
| Omare | | S | 26 | | |
| Cade | | S | 9 | | |
| Harvard | | S | 7 | | |
| Wearley | | D | 5 | | |
| Leonard Dewey | | S | 11 | | |
| Irene | | D | 8 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| MEMBERS OF FAMILY | | | |
|------------------------|--------------|-----|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Phillip Voorhes</i> | S | 6 | |
| | S | 5 | |
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FORM 10-636e 4-20-81
U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

FORM 10-636a 420.611

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

150044-PC 19108-P81

2-146

COLOR *W*

AGE *63*

HEAD OF FAMILY *La Fleur, Estelence*

BIRTHPLACE

COUNTY

CITY *Ville Platte*

LOUISIANA

E.D. *117*

SHEET *8*

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------------|--------------|-----------|------------|
| <i>Mary</i> | <i>W</i> | <i>39</i> | |
| <i>De Annand</i> | <i>✓</i> | <i>35</i> | |
| <i>Adner</i> | <i>✓</i> | <i>19</i> | |
| <i>Alise</i> | <i>W</i> | <i>14</i> | |
| <i>Ethel</i> | <i>W</i> | <i>10</i> | |
| <i>Lee</i> | <i>W</i> | <i>8</i> | |
| <i>Ada</i> | <i>W</i> | <i>5</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

OTHER MEMBERS OF FAMILY

CARD 2 OF 2

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----|------------|
| 1 Ida Estelery | W | 5 | |
| Carroll, Myrtle | Da | 3 | |
| Ekins, Julia | Da | 23 | |
| Houset, Cora | Da | 64 | |
| | Cook | 28 | |
| | | | |
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FORM 10-636 (4-20-6)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE 15108-1-01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 35 | Swiss | 2 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | ENUMERATED WITH | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lincoln | | Linton | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16196-P61

| |
|----------------|
| HEAD OF FAMILY |
|----------------|

| | | | | | |
|--|---|---|----|--|------------------|
| 2-146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 13 | BIRTHPLACE | Laflour, Ecuador |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| Montenot, Maxille | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Stepdughter | |

FORM 16-637 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-6-DC 18188-P81

| | | | | | |
|--|---|---|----|---|---|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 43 | BIRTHPLACE | 5 |
| COUNTY | | Ascension | | CITY | |
| ENUMERATED WITH | | Donaldsonville | | | |
| RELATIONSHIP TO ABOVE | | Taylor Melvina | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> DRIVER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L151 | NAME OF INDIVIDUAL
<i>Le Boeuf, Eugene</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>11</i> | BIRTHPLACE
<i>Acadia</i> | E.D.
<i>4</i> | SHEET
<i>56</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Acadia</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO GROVE
<i>Aguillard, Homer</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18188-P61

2156

HEAD OF FAMILY *Lavine, Eugene*

COLOR *B* AGE *34* BIRTHPLACE *LOUISIANA* E.D. *13* SHEET *16*

COUNTY *Iberia* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------------|--------------|-----------|------------|
| <i>Alice</i> | <i>W</i> | <i>32</i> | |
| <i>Alton</i> | <i>S</i> | <i>2</i> | |
| <i>Simon, Earl</i> | <i>SD</i> | <i>7</i> | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2146

HEAD OF FAMILY *SD*

COLOR

| | | | | | | | |
|-------------------------|------------|----------------|------|-----------------|--|-----------|-----|
| 2146 | | HEAD OF FAMILY | | Lafleur, Eusebo | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | | E.D. | 118 |
| COUNTY | St. Landry | | CITY | | | SHEET | 29 |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1. Alip | | W | 21 | | | | |
| Lemick | | S | 2 | | | | |
| Effie | | D | 3/12 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|--|--------------------|------------|----------------|----------------|
| L150 | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR <i>B</i> | AGE <i>2</i> | BIRTHPLACE | E.O. <i>31</i> | SHEET <i>5</i> |
| COUNTY | Concordia | | CITY | |
| ENUMERATED WITH | | | | |
| RELATIONSHIP TO ABOVE <i>William Wesley</i> | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>free</i> </div> </div> | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

| | | | | | |
|-------------------------|---|----------------|--------|------------|------------------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Lepine, Evariste |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marguerite | | W | 20 | | |
| Cassius | | S | 1 8/12 | | |
| Bernice | | S | 4 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|-------------|
| L146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Lafeur Crit |
| | | | | E.D. | 117 |
| | | | | SHEET | 28 |
| COUNTY | | | | | |
| S. Landry | | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Atanese | | w' | 17 | | |
| Cula | | D | 1 3/4 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|----|--------------------|------|------------|-----|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | Mr | AGE | 8 | BIRTHPLACE | |
| | | | | E.D. | 125 |
| | | | | SHEET | 9 |
| COUNTY | | | | | |
| St. Martin | | | CITY | | |
| ENUMERATED WITH | | | | | |
| St. Julian Arthur | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Ad D | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16106-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 15 | Levonia, Evra | | 38 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White, Lee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1810B-P61

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 6 | | | 145 | 5 |
| COUNTY | | CITY | | | |
| Vernon | | | | | |
| ENUMERATED WITH | | | | | |
| Henry James | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| L 150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | Penn |
| COUNTY | | De Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Francis | | W | 57 | | |
| Robert | | S | 22 | | |
| Alberta | | NC | 14 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| P-146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 21 | BIRTHPLACE | Lafayette, La. |
| COUNTY | | St. Land. | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Florida | | W | 19 | | |
| Oscar | | W | 15 | | |
| James | | W | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| X 50 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 3 | AGE | 77 | BIRTHPLACE | Texas |
| COUNTY | | CITY | | E.D. | SHEET |
| | | Pointe Coupee | | 78 | 21 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | D | 46 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|----|---|-------------|---|-----------------|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 13 | AGE | 25 | BIRTHPLACE | E.D. 97 SHEET 6 |
| COUNTY | | | CITY | | |
| St. Ma. | | | Morgan City | | |
| ENUMERATED WITH | | | | | |
| Ossie, Ossie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| 2150 | HEAD OF FAMILY
<i>Lapine</i> | | LOUISIANA | |
|----------------------------|---------------------------------|----------------------------|-------------------|-------------------|
| COLOR
<i>W</i> | AGE
<i>39</i> | BIRTHPLACE
<i>Tulsa</i> | E.D.
<i>31</i> | SHEET
<i>3</i> |
| COUNTY
<i>Jefferson</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Mary E.</i> | <i>W</i> | <i>35</i> | | |
| <i>Mary L.</i> | <i>D</i> | <i>16</i> | | |
| <i>George L.</i> | <i>S</i> | <i>8</i> | | |
| <i>Mary L.</i> | <i>D</i> | <i>6</i> | | |
| <i>Emma</i> | <i>D</i> | <i>4</i> | | |
| <i>Charles E.</i> | <i>S</i> | <i>2</i> | | |
| <i>Phyllis E.</i> | <i>S</i> | <i>4</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| M4 | 28 | Acadia | | 1 | 11 |
| COUNTY | | CITY | | | |
| Acadia | | Acadia | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | W | 27 | | |
| Annetta | | D | 7 | | |
| Alice | | D | 11 | | |
| Euphemia | | D | 7 | | |
| Andrew | | S | 6 | | |
| Clarina | | D | 5 | | |
| Rudolph | | S | 4 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15100-F-01

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-------|
| X150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 60 | Leban Florian | | 80 | 6 |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Liliane | W | 21 | | |
| | Leoside | D | 18 | | |
| | Maxton | S | 16 | | |
| | Oscar | S | 14 | | |
| | Gertrude | D | 12 | | |
| | George | S | 10 | | |
| | Harry | S | 8 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| MEMBERS OF FAMILY | | | |
|---------------------|--------------|----------|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Herrick</i> | <i>H</i> | <i>7</i> | |
| <i>Mrs. Herrick</i> | <i>D</i> | <i>6</i> | |
| <i>Fair</i> | <i>S</i> | <i>1</i> | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 26

| | | | | | |
|--|---|---|----|--|------------------|
| 2750 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | Le Baine Florida |
| COUNTY | | West Baton Rouge | | CITY | |
| ENUMERATED WITH | | | | | |
| Saigon O.M. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMP-DC 15196-P61

| | | | | |
|-----------------------------|---|-------------|--------------------|--------------------|
| 2146 | HEAD OF FAMILY
<i>Tellous, Frank</i> | | LOUISIANA | |
| COLOR
<i>Mu</i> | AGE
<i>50</i> | BIRTHPLACE | E.D.
<i>114</i> | SHEET
<i>24</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Cristine</i> | <i>W</i> | <i>45</i> | | |
| <i>Charles</i> | <i>S</i> | <i>14</i> | | |
| <i>Eric</i> | <i>S</i> | <i>12</i> | | |
| <i>Therese</i> | <i>W</i> | <i>10</i> | | |
| <i>Shila</i> | <i>W</i> | <i>8</i> | | |
| <i>Agnes</i> | <i>W</i> | <i>6</i> | | |
| <i>Anna</i> | <i>W</i> | <i>9/12</i> | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|--|
| 2146 | | HEAD OF FAMILY. | | LOUISIANA | |
| Loretard, Frank | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| a | 25 | Italy | | | |
| COUNTY | | CITY | | | |
| Iberville | | Plaquemine | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anna | | W | 26 | | |
| Frank | | S | 6 | | |
| Louis | | S | 5 | | |
| Joseph | | S | 4 | | |
| Mary | | D | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------------|------------|------------|
| 1116 | HEAD OF FAMILY | | E.D. 80 |
| Lapellier Frank | | SHEET 5 | |
| COLOR | AGE | BIRTHPLACE | |
| Mr | 52 | | |
| COUNTY | St. John the Baptist | | CITY |
| | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1/10 Maria | W | 53 | |
| Agard | S | 25 | |
| | | | |
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FORM 10-636 (4-20-05)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-------------------|------------|------------|
| E.D. | | SHEET | |
| 5156 | Levion, Frederick | 107 | 14 |
| COLOR | AGE | BIRTHPLACE | |
| W | 32 | | |
| COUNTY | CITY | | |
| Terrebonne | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Josephine | W | 27 | |
| Joseph A. | S | 10 | |
| Lawrence J. | S | 9 | |
| William M. | D | 3 | |
| Ralph J. | S | 6 1/2 | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|--------|------------|
| L150 | HEAD OF FAMILY | | E.D. 133 |
| 13 | | AGE 22 | SHEET 29 |
| COLOR | BIRTHPLACE | | |
| COUNTY | Vermillion | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| John | W | 26 | |
| Myrtle | D | 4 | |
| John | S | 3 | |
| John | D | 2 | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|----------------|------------|
| L 146 | HEAD OF FAMILY | Lafleur George | |
| COLOR | AGE | E.D. | SHEET |
| W | 27 | 25 | 15 |
| BIRTHPLACE | | | |
| COUNTY | Avoyelles | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Louisa | w | 26 | |
| Robert B | s | 3 | |
| Rita | d | 1 1/2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L 150 | | NAME OF INDIVIDUAL
<i>Leven, George</i> | | E.O.
<i>2</i> | SHEET
<i>11</i> |
| COLOR
<i>B</i> | AGE
<i>15</i> | BIRTHPLACE | | | |
| COUNTY
<i>Acension</i> | | CITY | | | |
| ENUMERATED WITH
<i>Redrigan, Paul</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<i>Son</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

| | | | | | | | |
|-------------------------|-------|----------------|--|--------------|-----|------------|-------|
| 2150 | | HEAD OF FAMILY | | Lubin George | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | SHEET |
| B | | 30 | | | | 80 | 7 |
| COUNTY | | | | CITY | | | |
| St. John the Baptist | | | | Laplace | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | 1 Ida | | | W | 26 | | |
| | | | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|---|---|------------|-------------------|
| | | LOUISIANA | |
| 250 | NAME OF INDIVIDUAL
<i>Levan George</i> | | E.D. 138 SHEET 11 |
| COLOR | AGE
<i>17</i> | BIRTHPLACE | |
| <i>Mm</i> | | | |
| COUNTY | Vermillion | CITY | |
| ENUMERATED WITH
<i>Viss Charley</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input checked="" type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|-----|--------------------|-----|------------|-------|
| 4
8150 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lebeau George | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 13 | 36 | | | | |
| COUNTY | | Pointe Coupee CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jasine | | W | 35 | | |
| Noel | | S | 13 | | |
| Phemea | | D | 16 | | |
| Charles | | S | 7 | | |
| Philomine | | D | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---------|--|--|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| La Fam, George | | E.D. | | 39 | |
| COLOR | B | AGE | SHEET 1 | | |
| BIRTHPLACE | | | | | |
| COUNTY | | CITY | | | |
| East Feliciana | | | | | |
| ENUMERATED WITH | | Clayton, Dicy | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 55 | Anna | 114 | 25 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 45 | N Y. | |
| Harry | | S | 21 | Miss | |
| Bladder | | D | 14 | | |
| George Jr. | | S | 4 | | |
| | | | | | |
| | | | | | |
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FORM 70-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|---|-----------------------|-----------|-------------|------------|
| 1146 | HEAD OF FAMILY
<i>Lafleur, Siebert</i> | | | E.D.
121 | SHEET
9 |
| COLOR
<i>W</i> | AGE
32 | BIRTHPLACE | | | |
| COUNTY
St. Landry | | CITY
<i>Eunice</i> | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 <i>ada</i> | | <i>W</i> | <i>28</i> | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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|---|---|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 150 | | NAME OF INDIVIDUAL
<i>Lubin, Gurley</i> | | E.O.
22 | SHEET
8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>2</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Iberia</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Evans, Adolph</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15198-P61

LOUISIANA

| | | | | |
|--------------------------------|---|--------------|------------|------------|
| 8150 | HEAD OF FAMILY
<i>Schneider Quantice</i> | | E.D.
83 | SHEET
5 |
| COLOR
<i>W</i> | AGE
<i>57</i> | BIRTHPLACE | | |
| COUNTY
<i>Pointe Coupee</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Elckia</i> | | <i>W</i> | <i>56</i> | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| L 150 | | NAME OF INDIVIDUAL
Lelton Bass | | E.D.
38 | SHEET
12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
26 | BIRTHPLACE
Tex | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Calcasieu | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Elinder, H G. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>SS</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SS | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 10100-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2150 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Ben | | Gustave | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 20 | 34 | | | | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clarisse | | W | 36 | | |
| Leonee | | D | 17 | | |
| Misthe | | D | 15 | | |
| Silvia | | D | 13 | | |
| Cecile | | D | 9 | | |
| Reina | | D | 8 | | |
| Jean | | D | 6 | | |

FORM 16-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------|-------------------|------|------------|
| Joseph | S | 4 | |
| Herbille | S | 6/12 | |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-436a 4-20-61

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15195-P61

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|----------------|--|
| 5150 | | HEAD OF FAMILY | | La Baum H | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 39 | | | | 103 6 | |
| COUNTY | | | | CITY | | | |
| Ouachita | | | | Thonru | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE BIRTHPLACE | |
| Justina | | | | W | | 34 Ala. | |
| Arletta | | | | D | | 17 | |
| Elna | | | | D | | 12 | |
| Josephine | | | | D | | 9 | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|-------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Levin H. W. | | E.D. | SHEET |
| COLOR | W | AGE | 40 | 62 | 39 |
| | | BIRTHPLACE | | | |
| | | Ky. | | | |
| COUNTY | | | CITY | | |
| | | | Frank | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Henrietta | | W | 35 | | |
| Myrtle | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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| P-50 | | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Luben Harris | | 22 | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Iberia | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patterson Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16106-P61

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| 2150 | | HEAD OF FAMILY | | LOUISIANA | |
| Laffoon, Harry M. | | E.D. | | SHEET 9 | |
| COLOR | W | AGE | 25 | BIRTHPLACE | |
| COUNTY | Catahoula | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pearl C | | W | 22 | | |
| John W | | S | 2 | | |
| Amel B | | S | 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| 2150 | | NAME OF INDIVIDUAL
<i>Lewis, Hattie</i> | | E.O.
137 | SHEET
3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>12</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Williams, Henry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>D</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P01

| | | | | | |
|--|------------------|--|--|------------------|-------------------|
| L150 | | NAME OF INDIVIDUAL
<i>Laven Henrietta</i> | | ED.
<i>53</i> | SHEET
<i>2</i> |
| COLOR
<i>B</i> | AGE
<i>39</i> | BIRTHPLACE | | | |
| COUNTY
<i>Caddo</i> | | CITY | | | |
| ENUMERATED WITH
<i>Laven James</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Si</i> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L'46 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | NAME | | E.D. | SHEET |
| mw | | 72 | | 15 | 9 |
| COUNTY | | BIRTHPLACE | | | |
| | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Hester | | sw | 61 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 7146 | | HEAD OF FAMILY | | LOUISIANA | |
| Lastname, Henry | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 38 | | | | |
| COUNTY | | CITY | | | |
| St. Landry | | Eunice | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annie | | W | 35 | | |
| Louise | | D | 6 | | |
| Marcelline | | S | 4 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------------------------|--------------|-------------|------------|
| Z-146 | HEAD OF FAMILY
Lafleur, Henry | | E.D.
114 | SHEET
8 |
| COLOR
W | AGE
22 | BIRTHPLACE | | |
| COUNTY
St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Beatrice | | W | 20 | |
| Alma | | A | 1 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|-------------------------------------|-----------|------------|
| LOUISIANA | | | |
| L146 | HEAD OF FAMILY <i>Lafleur Henry</i> | | |
| E.D. 121 | SHEET 63 | | |
| COLOR <i>B</i> | AGE 40 BIRTHPLACE | | |
| COUNTY St. Landry | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Thersia</i> | <i>co</i> | <i>20</i> | |
| <i>Lizabith</i> | <i>d</i> | <i>18</i> | |
| <i>Alene</i> | <i>d</i> | <i>10</i> | |
| <i>Mack</i> | <i>s</i> | <i>8</i> | |
| <i>Amos</i> | <i>s</i> | <i>6</i> | |
| <i>Edna</i> | <i>d</i> | <i>3</i> | |
| <i>Erna</i> | <i>d</i> | <i>2</i> | |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------------|--------------------------------|--|--|
| 2150 | | NAME OF INDIVIDUAL
<i>Laurvine Henry</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE | | E.D.
<i>31</i> | SHEET
<i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Laurvine Edward S.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Chieftain</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Chieftain</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Chieftain</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

| | | | |
|-------------------------|------------------------------------|-----------|------------|
| LOUISIANA | | | |
| L150 | HEAD OF FAMILY <i>Sewin, Henry</i> | | |
| E.D. 47 | SHEET 7 | | |
| COLOR <i>h</i> | AGE 30 BIRTHPLACE | | |
| COUNTY <i>Lafourche</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Alcidia</i> | <i>W</i> | <i>30</i> | |
| <i>Yickols</i> | <i>S</i> | <i>3</i> | |
| <i>Agath</i> | <i>D</i> | <i>12</i> | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|-------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Levinas Henry | | E.D. | SHEET |
| COLOR | B | AGE | 31 | 135 | 6 |
| | | BIRTHPLACE | | | |
| COUNTY | | | Vermillion | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rose Anna | | W | 29 | | |
| Mattie | | D | 8 | | |
| Jim | | S | 6 | | |
| Sinah | | D | 5 | | |
| Perry | | S | 2 | | |
| Vermella | | D | 1 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2151 | NAME OF INDIVIDUAL
<i>Le Breaff, Henry</i> | | E.D.
<i>103</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>7</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Breaff, Emily</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| LOUISIANA | | | |
|-------------------------|----------------------------------|-----|------------|
| L 146 | HEAD OF FAMILY
Lafleur, Homer | | |
| E.D.
114 | SHEET
16 | | |
| COLOR
W | AGE
40 | | |
| BIRTHPLACE | | | |
| COUNTY
St. Landry | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Anegia | W | 38 | |
| Anna | D | 21 | |
| Rita | D | 18 | |
| Adolphe | S | 16 | |
| Willis | S | 13 | |
| Willie | S | 11 | |
| Hend | S | 8 | |

FORM 10-636 (4-20-61)
1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-------------|--------------|----------------|------------|
| Marcelone | S | 7 | |
| Patrick | S | 5 | |
| Emily | D | 2 | |
| Simon | S | $\frac{1}{12}$ | |
| | | | |
| one servant | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 14-20-611

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1510B-P-61

LOUISIANA

| | | | | |
|--|---|---|-------------|-------------|
| L146 | NAME OF INDIVIDUAL
<i>Lafleur, Moses</i> | | E.O.
118 | SHEET
27 |
| COLOR
<i>W</i> | AGE
<i>20</i> | BIRTHPLACE | | |
| COUNTY
<i>St. Landry</i> | | CITY | | |
| ENUMERATED WITH
<i>Salleau, Louis</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Cousin</i> | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-PS1

| LOUISIANA | | | |
|---|--------------------|------------|-------|
| 2146 | NAME OF INDIVIDUAL | | E.D. |
| | Kafens, Hosen | | 114 |
| COLOR | AGE | BIRTHPLACE | SHEET |
| Man | 14 | | 9 |
| COUNTY | | CITY | |
| S. Land | | | |
| ENUMERATED WITH | | | |
| Tunson, Telusack | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input checked="" type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>L. H. Lafham Hasley</i> | | F. D.
<i>121</i> | SHEET
<i>38</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>16</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Arden Zipes</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVID

USCDA-DC 16105-P61

| LOUISIANA | |
|-------------------------|--------------------------------------|
| L150 | HEAD OF FAMILY <i>Levine, Edward</i> |
| E.D. 137 | SHEET 6 |
| COLOR <i>B</i> | AGE <i>24</i> |
| BIRTHPLACE | |
| COUNTY | Vermillion |
| CITY | |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| | AGE |
| | BIRTHPLACE |
| <i>Rosina</i> | <i>W</i> |
| | <i>23</i> |
| <i>Howard Jr</i> | <i>S</i> |
| | <i>1</i> |
| <i>Ernest</i> | <i>S</i> |
| | <i>7 1/2</i> |
| | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2151 | NAME OF INDIVIDUAL
<i>Le Bessaff, Hubert</i> | | E.O.
103 | SHEET
12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>12</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Bessaff, Emily</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC (8108-P61)

| | |
|--|---|
| LOUISIANA | |
| L 150 | NAME OF INDIVIDUAL
<i>Lilise Ida</i> |
| E.D.
<i>25</i> | SHEET
<i>5</i> |
| COLOR
<i>O</i> | AGE
<i>24</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| <i>Calcasieu</i> | <i>Lake Charles</i> |
| ENUMERATED WITH
<i>Amos Horace</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> BOOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | | | | | | | |
|-------------------------|--|----------------|------------|----------------------|-----------|------------|--|
| <i>L/46</i> | | HEAD OF FAMILY | | <i>La blur Isaac</i> | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. | SHEET | |
| <i>mu</i> | | <i>45</i> | | | <i>62</i> | <i>1</i> | |
| COUNTY | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Living alone</i> | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 151 | | NAME OF INDIVIDUAL
<i>Lebon, Ishmael</i> | | E.D.
<i>28</i> | SHEET
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE
<i>West Baton Rouge</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>Dryden</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Paul</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | LOUISIANA | |
|--|--|--|-------|
| 2150 | NAME OF INDIVIDUAL | E. D. | SHEET |
| | Labeau, Ivey | 85 | 11 |
| COLOR | AGE | BIRTHPLACE | |
| W | 9 | | |
| COUNTY | Pointe Coupee | CITY | |
| ENUMERATED WITH | | | |
| Pomorian, Victor | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0146-DC 16105-P61

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| | | HEAD OF FAMILY - | | LOUISIANA | |
| 250 | | Lebaume - Laine | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| Wm | 66 | | | | |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elias | | 26 | 17 | | |
| Colin | | 4 | 21 | | |
| Celeste | | 3 | 26 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.D. | | SHEET | |
| L150 | | 77 | 1 |
| COLOR | AGE | BIRTHPLACE | |
| | 31 | Ky | |
| COUNTY | Rapides | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Margaret | W | 13 | La |
| William | D | - | |
| Willie Mae | D | 2 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|-------------------------|----------------|
| L150 | HEAD OF FAMILY |
| COLOR | AGE |
| W | 53 |
| BIRTHPLACE | |
| COUNTY | CITY |
| LaFourche | |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| AGE | BIRTHPLACE |
| Helene | 14 |
| J. A. Jr | 15 |
| Judy | 11 |
| Maud | 10 |
| Toddell | 8 |
| Beatram | 31 |
| 1 | 29 |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|--|----------------|--|--------------|--|-----------|--|
| 5150 | | HEAD OF FAMILY | | Lebanon Jack | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| me | | 23 | | | | 142 4 | |
| COUNTY | | | | CITY | | | |
| West Feliciana | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| 1 Rose | | | | W | | 22 | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|----------------|-----|------------|--|
| 2150 | | HEAD OF FAMILY | | Louisiana Jack | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 51 | | Austria | | 54 6 | |
| COUNTY | | | | CITY | | | |
| Plaquemines | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Anna | | | | W | 51 | Austria | |
| Therensky Frank | | | | C | 14 | Md | |
| 1 L | | | | W | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L150 | NAME OF INDIVIDUAL
<i>Lassane James</i> | | E.D.
85 | SHEET
29 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
-13 | AGE
30 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Rapides | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Thomas Stephen</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

| LOUISIANA | | | |
|-------------------------|-----------------------------|-----------|------------|
| 150 | HEAD OF FAMILY <i>James</i> | | |
| E.O. 53 | SHEET 2 | | |
| COLOR <i>B</i> | AGE <i>44</i> BIRTHPLACE | | |
| COUNTY <i>Caddo</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Emma</i> | <i>W</i> | <i>39</i> | |
| <i>James Jr.</i> | <i>S</i> | <i>18</i> | |
| <i>Wall</i> | <i>S</i> | <i>17</i> | |
| <i>Henrietta</i> | <i>Si</i> | <i>39</i> | |
| <i>Brashear Thomas</i> | <i>Ni</i> | <i>13</i> | <i>Tex</i> |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | |
|-------------------------|----------------|------------|--------------|-------|
| 5.50 | HEAD OF FAMILY | | E.D. | SHEET |
| | Loran Jas R | | 36 | 32 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 32 | | | |
| COUNTY | CITY | | | |
| | Calcasieu | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Opelia | W | 30 | Miss | |
| Welma | D | 8 | | |
| Shirley | D | 7 | | |
| Clarence | S | 5 | | |
| Arney | D | 2 | | |
| Hellam | D | 2 1/2 | | |
| | | | | |

LOUISIANA

| | | | |
|---|---|--|--------------------|
| 5150 | NAME OF INDIVIDUAL
<i>Lifer Janice</i> | E.D.
<i>136</i> | SHEET
<i>13</i> |
| COLOR
<i>W</i> | AGE
<i>5</i> | BIRTHPLACE | |
| COUNTY
<i>West Baton Rouge</i> | CITY
<i>Broussard Landing</i> | | |
| ENUMERATED WITH
<i>Mary Olga</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

LOUISIANA

| | | | | | |
|--|-----------|---|------|--|-------------|
| H/46 | | NAME OF INDIVIDUAL
L. J. Fuller, Jasper | | E.O.
46 | SHEET
11 |
| COLOR
B | AGE
34 | BIRTHPLACE
Ga. | | | |
| COUNTY
Calcasieu | | | CITY | | |
| ENUMERATED WITH
John, George | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Boarder | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919B-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>L156</i> | NAME OF INDIVIDUAL
<i>Leanne, Hume</i> | | E.D. <i>50</i> SHEET <i>10</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>22</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Leanne, Hume</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)
<i>Bro.</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Bro.</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Bro.</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 1819-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|-------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L150 | | NAME OF INDIVIDUAL
<i>Lavene Jasper</i> | | E.O.
<i>152</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Nesbit, Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | LOUISIANA | |
|-------------------------|--|----------------|-----|------------|-------|
| L 146 | | HEAD OF FAMILY | | E.O. | SHEET |
| COLOR
W | | AGE
27 | | 117 | 23 |
| | | BIRTHPLACE | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 24 | | |
| Marie | | D | 5 | | |
| Emma | | D | 3 | | |
| Louisa | | D | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-------------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| White | 40 | Lafayette, Jean B | 114 8 |
| COUNTY | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Labi | W | 40 | |
| Juliana | L | 19 | |
| Esmer | L | 17 | |
| Thomas | L | 16 | |
| Jean B. | L | 14 | |
| Kearuth | L | 12 | |
| Thorgeaux | D | 10 | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------|-------------------|-----|------------|
| Evelia | D | 8 | |
| Elizabeth | D | 3 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P-61

| | | | | | |
|-------------------------|---------------------|----------------|-----|------------|--|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafleur Jean P | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 43 | | | | |
| COUNTY | St. Landry Apout 78 | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | W | 37 | | |
| Bessie | | X | 18 | | |
| Eana | | X | 14 | | |
| Leus | | X | 12 | | |
| Jansay | | X | 10 | | |
| Lola | | X | 5 | | |
| Esther | | X | 3 | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 19105-1-61

| LOUISIANA | | | |
|-------------------------|--------------------------------------|-----|------------|
| L146 | HEAD OF FAMILY
Lafleur, Jean Paul | | |
| E.D.
121 | SHEET
57 | | |
| COLOR
W | AGE
46 | | |
| BIRTHPLACE | | | |
| COUNTY
St. Landry | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Leonie | W | 42 | |
| Vina | D | 22 | |
| Theodore | D | 19 | |
| Jean Louise | S | 11 | |
| Leta | D | 7 | |
| Deshotel, Caroline | SIL | 40 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|------------------------------------|-----|------------|
| L146 | HEAD OF FAMILY
Lafleur, Jean H. | | |
| E.O.
118 | SHEET
10 | | |
| COLOR
2N | AGE
30 | | |
| BIRTHPLACE | | | |
| COUNTY
St. Landry | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Elie | W | 28 | |
| Olivia | D | 10 | |
| Lucy | ✓ | 7 | |
| Adrian | ✓ | 5 | |
| Rayton | ✓ | 4 | |
| Hurling | ✓ | 9 | |
| Prudence | ✓ | 10 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| L146 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lafleur, Jessie | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| Wm | 58 | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Hestine | | W | 60 | | |
| Delaidie | | D | 33 | | |
| Leon | | S | 25 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2146 | | NAME OF INDIVIDUAL | | E. O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Haffner, Jurling | | #3 | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Landry, | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Lafayette | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leontine, Little | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1510-P61

| | | LOUISIANA | |
|-------------------------|-------------------------------------|--------------|------------|
| 0
750 | HEAD OF FAMILY
<i>Levine Joe</i> | E.D.
107 | SHEET
3 |
| COLOR
W | AGE
26 | BIRTHPLACE | |
| COUNTY
<i>Sabine</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| 1 <i>Gertrude</i> | | W | 27 |
| 1 <i>Ed</i> | | S | 4 |
| 1 <i>Ada E</i> | | D | 7 1/2 |
| 7 2 <i>Boards</i> | | | |
| | | | |
| | | | |
| | | | |
| | | | |

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| L150 | NAME OF INDIVIDUAL
<i>Lepine, Joe</i> | | E.O.
24 | SHEET
6 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>22</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Avoyelles</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lilrie, George</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Bo</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Bo</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Bo</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15195-P61

| | | | LOUISIANA | |
|-------------------------|-----|----------------|-----------|------------|
| HEAD OF FAMILY | | E.D. | SHEET | |
| 2156 Lepunne John | | 136 | 13 | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 27 | | | |
| COUNTY | | CITY | | |
| West Baton Rouge | | Brusle Landing | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Dayer | | W | 25 | |
| | | | | |
| | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|--------------|-------|------------|---|
| HEAD OF FAMILY | | E.O. | SHEET | | |
| L 150 | | Lawson John | | 61 | 3 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 19 | Miss | | | |
| COUNTY | | St. Bernard | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-----------|------------|
| COLOR | AGE | E.D. | SHEET |
| 6/50 | 31 | 152 | 12 |
| NAME: Savine John | | | |
| COUNTY | CITY | | |
| St. Landry | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Madam | w | 32 | |
| John P | s | 5 | |
| Leonce | s | 3 | |
| Maire L | D | 1 1/2 | |
| Cilama | M | 80 | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|-----|------------|--|
| 6146 | | HEAD OF FAMILY | | Laplier, John | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 56 | | France | | 57 20 | |
| COUNTY | | | | CITY | | | |
| Iberville | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | | | W | 23 | | |
| Mary | | | | W | 21 | | |
| Anne | | | | W | 19 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L146 | | NAME OF INDIVIDUAL
LaFlair, John | | E.D.
32 | SHEET
16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
22 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Calcasieu | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Grand, Thomas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16135-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 4146 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 28 | | 26 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avoyelles | | | Burke's Town | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kanis, Elmore | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18199-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafleur, John A. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mattie | | W | 38 | | |
| Ursula | | S | 18 | | |
| Otis | | S | 16 | | |
| Oliver | | S | 14 | | |
| John | | S | 13 | | |
| Allene | | D | 11 | | |
| Geo W. | | S | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-----------------|---------------|------------|-------|
| X. 50 | | HEAD OF FAMILY. | | LOUISIANA | |
| Lubin | | John B | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 2 | 29 | | | | |
| COUNTY | | | CITY | | |
| | | | Pointe Canova | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. Italia | | | 23 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|----------------|-----|------------|
| LOUISIANA | | | |
| HEAD OF FAMILY | E.D. SHEET | | |
| 1550 | 87 13 | | |
| COLOR | AGE BIRTHPLACE | | |
| 114 | 56 | | |
| COUNTY | CITY | | |
| St. Mary | Galveston | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Wife | W | 50 | |
| Daughter | D | 27 | |
| Son | S | 25 | |
| Daughter | D | 23 | |
| Son | S | 21 | |
| Daughter | D | 18 | |
| Son | S | 16 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 146 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 5 | | | 114 | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Astago, Emily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|---------|----------------|-----|------------|--|
| 750 | | HEAD OF FAMILY | | LOUISIANA | |
| Larson Johnson B | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 55 | | | | |
| COUNTY | | City | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Anna | W | 39 | | |
| | Clara | S | 18 | | |
| | Hubbard | S | 18 | | |
| | Millie | S | 15 | | |
| | Hugo | S | 12 | | |
| | Edna | S | 7 | | |
| * 1 B. | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----------------|------------|-------|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 26 | | 118 | 26 |
| BIRTHPLACE | | | Lafleur, Joseph | | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Lellis | | W | 24 | | |
| Odezie | | S | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L146 | NAME OF INDIVIDUAL <i>Lafleur, Joseph</i> |
| E.D. 118 | SHEET 21 |
| COLOR <i>W</i> | AGE <i>26</i> |
| BIRTHPLACE | |
| COUNTY <i>St. Landry</i> | CITY |
| ENUMERATED WITH <i>Chapman, Raymond, Jr.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16199-P61

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| L 150 | | HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 30 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | W | 27 | | |
| Hannah | | D | 7 | | |
| Homer | | S | 6 | | |
| Lyly | | S | 4 | | |
| Leo | | S | 3 | | |
| Rosa | | S | 11/12 | | |
| | | | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L150 | NAME OF INDIVIDUAL
<i>Lebanon, Joseph</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>20</i> | E.O. SHEET
<i>81 11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Natchitoches</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Brolle, Harry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15102-P-61

| | | | | | |
|-------------------------|---------|----------------|------------|------------|-------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 54 | | 7 | 6 |
| COUNTY | | | CITY | | |
| Acadia | | | Catharwood | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| — | Matilda | w | 30 | | |
| — | Oscar | s | 19 | | |
| — | Carl | d | 16 | | |
| — | Alina | d | 14 | | |
| — | Orva | s | 12 | | |
| — | Olida | d | 11 | | |
| — | Etelle | s | 8 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------------------|-------------------|-----------|------------|
| <i>Eulius</i> | <i>s</i> | <i>6</i> | |
| <i>Oreliss</i> | <i>d</i> | <i>4</i> | |
| <i>Artillian</i> | <i>s</i> | <i>26</i> | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| -150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| La Borne Joseph | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 40 | 19 23 | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Iberia | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | New Iberia | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benton Alexander | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18188-P61

| | | | | | |
|---|--|---|--|--|-------------|
| L150
COLOR
W | | NAME OF INDIVIDUAL
Lifen Joseph | | E.O.
136 | SHEET
13 |
| AGE
6 | | BIRTHPLACE | | | |
| COUNTY
West Baton Rouge | | CITY
Brusle Landing | | | |
| ENUMERATED WITH
Mary Algo | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | |
|-------------------------|---|-----------|------------|
| LOUISIANA | | | |
| L150 | HEAD OF FAMILY
<i>Levine, Joseph</i> | | |
| COLOR
<i>B</i> | E.D. <i>71</i> SHEET <i>30</i> | | |
| AGE
<i>34</i> | BIRTHPLACE
<i>Lafayette</i> | | |
| COUNTY | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Maria</i> | <i>W</i> | <i>38</i> | |
| <i>Althea</i> | <i>D</i> | <i>19</i> | |
| <i>Lea</i> | <i>D</i> | <i>12</i> | |
| | | | |
| | | | |
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FORM 10-434 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | |
|-------------------------|----------------|------------|
| 756 | HEAD OF FAMILY | Joseph |
| E.D. | SHEET | |
| 31 | 16 | |
| COLOR | AGE | BIRTHPLACE |
| W | 35 | |
| COUNTY | CITY | |
| Jefferson | | |
| OTHER MEMBERS OF FAMILY | | |
| NAME | RELATIONSHIP | AGE |
| Charles | W | 4 |
| Amelia | Y | 15 |
| Jack | S | 11 |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |

FORM 10-636 (4-20-21)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | |
|--|--|--------------------|---|-----------------|--|--|--|-------|--|
| 851 | | NAME OF INDIVIDUAL | | Labanne, Joseph | | E.D. | | SHEET | |
| COLOR | | AGE | | BIRTHPLACE | | | | | |
| W | | 20 | | | | | | | |
| COUNTY | | | | Pointe Coupee | | CITY | | | |
| ENUMERATED WITH | | | | | | | | | |
| Labanne, Melen | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16195-P61

| | |
|--|--|
| LOUISIANA | |
| 4146 | NAME OF INDIVIDUAL <i>Bayless Joseph</i> |
| E.D. 50 | SHEET 7 |
| COLOR <i>W</i> | AGE <i>14</i> |
| BIRTHPLACE | |
| COUNTY <i>Calcasieu</i> | CITY |
| ENUMERATED WITH | |
| RELATIONSHIP TO ABOVE <i>Rever Isaac</i> | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

LOUISIANA

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 150 | | HEAD OF FAMILY | | E.D. | SHEET |
| COLOR | | AGE | BIRTHPLACE | | |
| 16 | | 53 | ✓ | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marion | | W | 47 | | |
| Therese | | S | 22 | | |
| Francois | | S | 18 | | |
| Ariedion | | S | 16 | | |
| Arta | | S | 14 | | |
| Willie | | S | 12 | | |
| Kosana | | D | 9 | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| 1 Viola | D | 6 | |
| Julia | D | 4 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a 1-4-20-011

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMANDC 15199-P61

LOUISIANA

| | | | | |
|-------------------------|--------------------------------------|----------------------|-------------|------------|
| L 146 | HEAD OF FAMILY
Lafleur, Joseph E. | | E.D.
117 | SHEET
2 |
| COLOR
W | AGE
43 | BIRTHPLACE | | |
| COUNTY
St. Landry | | CITY
Lille Platte | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucille | W | 41 | | |
| Manies | S | 17 | | |
| Reulyssa | S | 14 | | |
| Lydia | D | 12 | | |
| Ulysses | S | 8 | | |
| Lura | D | 5 | | |
| Bernadette | D | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY (CONTINUED)

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------|-------------------|-----|------------|
| 1 Willie | S | 7/2 | |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-20-67)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-1101

LOUISIANA

| | | | |
|-------------------------|--------------------------------|------------------------|-----------------|
| 5150 | HEAD OF FAMILY <i>Le Baine</i> | E.D. <i>19</i> | SHEET <i>23</i> |
| COLOR <i>W</i> | AGE <i>68</i> | BIRTHPLACE | |
| COUNTY <i>Iberia</i> | | CITY <i>New Iberia</i> | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Line alone</i> | | | |
| | | | |
| | | | |
| | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 146 | | NAME OF INDIVIDUAL
<i>Lefluer, Joseph K</i> | | E.O.
<i>114</i> | SHEET
<i>19</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Wm.</i> | AGE
<i>13</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Edme, Joseph</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P61

LOUISIANA

| | | | | | | | |
|-------------------------|--|-------------------|------------|--------------|----------|------------|--|
| 150 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| | | Levine, Josephine | | 143 | | 2 | |
| COLOR | | AGE | | BIRTHPLACE | | | |
| m | | 30 | | | | | |
| COUNTY | | | Vermillion | | CITY | | |
| | | | | | Greysdan | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | | NAME | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| | | Sallie | | D | | 10 | |
| | | Kallip | | N.R. | | 8 | |
| | | Lewis | | N.R. | | 6 | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | | |
|-------------------------|--------|----------------|-----------|------------|-------|
| W/46 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lafleur | | 29 | 12 |
| Jules | | | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 25 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Lectia | W | 18 | | |
| | Ida | D | 2 | | |
| | Ada | D | 2 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------|-----|------------|-------|
| 5146 | | HEAD OF FAMILY | | Lafleur Jules C | | E.D. | SHEET |
| W | | AGE | | 37 | | 122 | 2 |
| COLOR | | BIRTHPLACE | | | | | |
| COUNTY | | | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | | | w | 29 | | |
| Marthe | | | | d | 10 | | |
| Bessy | | | | d | 9 | | |
| Walter | | | | s | 7 | | |
| Olly | | | | d | 6 | | |
| Lillian | | | | d | 4 | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|---|--------------|-------------------|--------------------|
| L150 | HEAD OF FAMILY
<i>Lubine Julian L.</i> | | E.D.
<i>12</i> | SHEET
<i>14</i> |
| COLOR
<i>Man</i> | AGE
<i>30</i> | BIRTHPLACE | | |
| COUNTY
<i>Acadia</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| - <i>Andre</i> | | <i>f</i> | <i>70</i> | |
| - <i>Louisa</i> | | <i>m</i> | <i>65</i> | |
| - <i>Ran Louis</i> | | <i>d</i> | <i>45</i> | |
| <i>Miller Evelina</i> | | <i>si</i> | <i>23</i> | |
| - <i>Hiram</i> | | <i>d l</i> | <i>35</i> | |
| - <i>Roosvelts</i> | | <i>n</i> | <i>3</i> | |
| - <i>Aricea</i> | | <i>n</i> | <i>1</i> | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| Lison, Kate | | 83 | 31 |
| COLOR | AGE | BIRTHPLACE | |
| B | 35 | | |
| COUNTY | | CITY | |
| Rapides | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Romeo | 8 | 13 | |
| Mary | 8 | 9 | |
| Wallace, Azeline | 17 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L 150

LOUISIANA

| | | | | | | | |
|-------------------------|--|----------------|---------------|--------------------|------------|------|-------|
| 25 | | HEAD OF FAMILY | | Lebeau Katherine D | | E.D. | SHEET |
| COLOR | | AGE | BIRTHPLACE | | | | |
| w | | 48 | | | | | |
| COUNTY | | | Pointe Coupee | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Pista J | | | D | 21 | | | |
| Maurice C | | | S | 17 | | | |
| Walter J | | | S | 15 | | | |
| Alta R | | | D | 12 | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-------------------|--------------|------|------------|
| L151 | HEAD OF FAMILY | | E.D. | SHEET |
| | Le Bonoff, Knolde | | 103 | 12 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 36 | | | |
| COUNTY | | CITY | | |
| Vermillion | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Josephine | | W | 32 | |
| Jean Russ | | S | 14 | |
| Jean Marie | | S | 13 | |
| Audrey | | S | 12 | |
| Leah | | D | 9 | |
| Rena | | D | 8 | |
| Doris | | S | 6 | |

FORM 10-63 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636a (4-25-67)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|-----------------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Lafleur, Lamare |
| | | | | E.D. | 114 |
| | | | | SHEET | 15 |
| COUNTY | | | | | |
| St. Landry | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Therese | | W | 26 | | |
| Clarence | | S | 4 | | |
| Hazard | | S | 2 | | |
| one servant | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-----------------------------|--|--------------|--------------------|-------------------|
| <i>2146</i> | HEAD OF FAMILY
<i>Leffur, Ernest L.</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>29</i> | BIRTHPLACE | E.D.
<i>1/4</i> | SHEET
<i>2</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Arza</i> | <i>W</i> | <i>27</i> | | |
| <i>Clara</i> | <i>W</i> | <i>10</i> | | |
| <i>Cecilia</i> | <i>W</i> | <i>8</i> | | |
| <i>Luc</i> | <i>S</i> | <i>5</i> | | |
| <i>Adel</i> | <i>S</i> | <i>1 1/2</i> | | |
| <i>1 servant</i> | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-------------------|
| L-146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Rapides, Lament R |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Felicia | W | 24 | | | |
| Anna | D | 6 | | | |
| George | S | 4 | | | |
| Luda | S | 2 | | | |
| Hustave | S | 1 | | | |
| Rapides, Raul | W | 16 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 450 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 28 | Laurie Langdon | | 137 | 10 |
| COUNTY | | CITY | | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Laurie | W | 25 | | | |
| Beacilla | D | 6 | | | |
| Bealla | D | 5 | | | |
| Langdon Jr | S | 3 | | | |
| Beacilla | D | 1 | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|---|-----|
| L146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 13 | BIRTHPLACE | |
| | | Lafleur, Lestie | | E.O. | 121 |
| | | | | SHEET | 57 |
| COUNTY | | | | | |
| St. Landry | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Fontenot, Jack | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Oupa | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 16196-P61

2146

HEAD OF FAMILY *Laflaur, Laurent*

LOUISIANA

COLOR *W* AGE *28* BIRTHPLACE *118* SHEET *20*

COUNTY *St. Landry* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------------|--------------|-----------|------------|
| <i>Selastine</i> | <i>W</i> | <i>24</i> | |
| <i>Elwira</i> | <i>S</i> | <i>7</i> | |
| <i>Isabella</i> | <i>D</i> | <i>5</i> | |
| <i>Ewell</i> | <i>S</i> | <i>3</i> | |
| <i>Mabel</i> | <i>D</i> | <i>1</i> | |
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FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|----------|------------|----------|
| 546 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | E.D. 118 |
| | | | SHEET 11 | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adonia | | Dr | 19 | | |
| Edward | | D | 16 | | |
| Lilla | | D | 11 | | |
| Lillian | | D | 8 | | |
| Larcia | | D | 6 | | |
| Artenon | | D | 4 | | |
| Lernice | | D | 3 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 4150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| H | 32 | L. L. L. L. L. | | 50 | 7 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adeline | | w | 28 | | |
| Bernadine | | d | 10 | | |
| Martha E | | d | 7 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|-----|
| L 146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | E.D. | 117 |
| | | BIRTHPLACE | | SHEET 3 | |
| COUNTY | | St. Landry | | CITY | |
| | | | | Villie Platte | |
| ENUMERATED WITH | | Dardeau, Arthur | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Bo | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P-61

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| L146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 41 | 18 | Calcasieu | | 28 | 6 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | Cousin | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|--------------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. |
| 2 | 37 | Lebanon, Louisiana | 84 |
| COUNTY | | SHEET | |
| Pointe Coupee | | 26 | |
| CITY | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Living alone | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 19 | | | 137 | 6 |
| COUNTY | | CITY | | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Baptiste, Mitchell | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|---|---|--------------------|----|------------|------------------|
| K146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 17 | BIRTHPLACE | E.D. 118 SHEET 6 |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| Lucas; Leticia | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input checked="" type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

Form 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|---|-----|---|-----|--|--|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | FO | SHEET | |
| W | 12 | | 103 | 2 | |
| COUNTY | | CITY | | | |
| St. Landry | | Opelousas | | | |
| ENUMERATED WITH | | Resistant Father | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------|------------|--|
| 2150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 35 | Louisiana | 14 | 11 | |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Asuta | W | 32 | | |
| Jones, | Fernest | S | 16 | | |
| 1 | Fernand | S-S | 14 | | |
| | Eugene | S-S | 13 | | |
| Eulon | Angella | S-S | 12 | | |
| Robertson, | Eliza | S-D | 4 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|------|--|------------------|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 65 | BIRTHPLACE | E.D. 114 SHEET 9 |
| COUNTY | | | CITY | | |
| St. Louis | | | | | |
| ENUMERATED WITH | | | | | |
| Lafleur, Clovis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input checked="" type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| L146 | | NAME OF INDIVIDUAL
<i>Lefleur, Leona</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>13</i> | BIRTHPLACE | | E.D.
<i>114</i> | SHEET
<i>24</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Guelley, Octave</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S-S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S-S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S-S</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| X 150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 21 | | | 12 | 14 |
| COUNTY | | CITY | | | |
| Iberville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| — | | W | 16 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| 8150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 45 | Levine, Levrina | | 143 | 9 |
| COUNTY | | Vermillion | | CITY | |
| | | | | Greysdan | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|----------|------------|--|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | |
| | | | E.D. 118 | | |
| | | | SHEET 7 | | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eva | | W | 21 | | |
| Ewell | | B | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--|------|--|--|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 16 | | 70 | 2 | |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Breaston, George | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-NC 1910-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L150 | | NAME OF INDIVIDUAL
<i>Louisa Lillian</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>3</i> | BIRTHPLACE | | E.D.
<i>145</i> | SHEET
<i>5</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>Vernon</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Henry James</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-NC 18198-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Levan | | Latar | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vass Charley | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|-----------|--|----|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 60 | E.D. | 71 |
| | | BIRTHPLACE | | SHEET 23 | |
| COUNTY | | | CITY | | |
| | | | Lafayette | | |
| ENUMERATED WITH | | | | | |
| Lody, Fortuny | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|------------|
| 4146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | St. Landry |
| COUNTY | | CITY | | St. Landry | |
| ENUMERATED WITH | | | | | |
| Fontenot Louis Jr. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

| | | | | | |
|-------------------------|-----|--------------------|-----|------------|-------|
| L146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 74 | 59 | Baptiste, Louis J. | | 114 | 9 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leona | | W | 59 | | |
| Fosterot, Olive | | Da | 18 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|-----------------------|----|------------|--|
| 5150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis Loursietta | | E.D. | | SHEET | |
| COLOR | B | AGE | 53 | BIRTHPLACE | |
| COUNTY | | Rapides | | CITY | |
| Alexandria | | ENUMERATED WITH | | | |
| Gary, Charles | | RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10106-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| 750 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lavan Lavan | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 32 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | Welsh | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Horn, Robert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|----------------|-------|------------|-------|
| 50 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| Ma | | 40 | | 50 | 20 |
| | | BIRTHPLACE | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lelia | | W | 27 | | |
| John | | N | 9 | | |
| Curt | | U | 6 | | |
| Lelia | | S | 3 | | |
| Lelia | | N | 1 1/2 | | |
| Lelia | | F | 75 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|---------------|--|-------|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| B | | 2 | | 39 | 2 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Clayton, Lucy | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLORED | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 15 | | | 53 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | Jennings | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barker, Otavio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L151 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 27 | | | 103 | 4 |
| COUNTY | | | CITY | | |
| Ic. rebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lydia | | W | 26 | | |
| Notion | | D | 6 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 4151 | NAME OF INDIVIDUAL
<i>Robert J. J. J. J.</i> | | E.D.
39 | SHEET
15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
63 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Calcasieu</i> | | <i>Race Clarscutin</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------|------------|------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 146 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leabillar m.a | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 74 | BIRTHPLACE | Miss | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arcadia | | | Arcadia | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Martin W. J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L176 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 24 | | | 117 | 27 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Eda | | W | 18 | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 29 | BIRTHPLACE | E. D. SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | | St. Landry | | CITY | Opelousas | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Franklin Kattie</p> <p>Daughter</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| LOUISIANA | | |
|--|---|---|
| 150 | NAME OF INDIVIDUAL
Le Payne Maniel | |
| E.D. | SHEET | |
| 132 | 15 | |
| COLOR
W | AGE
38 | BIRTHPLACE
Ark |
| COUNTY | CITY | |
| Win | | |
| ENUMERATED WITH
Roberts William E | | |
| RELATIONSHIP TO ABOVE | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input checked="" type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15106-P61

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|---------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| L 150 | 41 | Lefayme Manso | 142 | 2 |
| COUNTY | | West Carroll | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Estelle E. | U | 18 | | |
| Jessie | D | 7/12 | | |
| | | | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|---|-----|------------|-------|
| 150 | | LOUISIANA | |
| NAME OF INDIVIDUAL | | E.O. | SHEET |
| Lever, Manuel | | 2 | 11 |
| COLOR | AGE | BIRTHPLACE | |
| B | 9 | | |
| COUNTY | | CITY | |
| Ascomin | | | |
| ENUMERATED WITH | | | |
| Religion, Paul | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<u>Son</u> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|----------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2151 | NAME OF INDIVIDUAL
<i>Le Beauf, Marguerite</i> | | E.D. SHEET
103 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>30</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Beauf, Emily</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| 2150 | NAME OF INDIVIDUAL
<i>Lavanna, Marie</i> | | F.O.
52 | SHEET
13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Ym</i> | AGE
3 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Plaquemines</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Bushy, Bactas</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>D</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|--|---|--|--------------------------------|--|--|
| 8150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 53 | | 79 | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Rapidon Alexandria | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rachel Albert, A. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16108-P61

| | |
|--|---|
| LOUISIANA | |
| L146 | NAME OF INDIVIDUAL
<i>Lafour Marie</i> |
| COLOR
<i>mw</i> | E.D.
<i>121</i> |
| AGE
<i>19</i> | SHEET
<i>62</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| <i>St. Landry</i> | |
| ENUMERATED WITH
<i>Bevanche Joseph</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 546 | | HEAD OF FAMILY | | LOUISIANA | |
| Lalour Marie | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 32 | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adam | | s | 16 | | |
| Louis | | s | 14 | | |
| Wilson | | s | 12 | | |
| Millie | | d | 9 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| w | | 35 | | 117 | 24 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Ollie | | S | 13 | | |
| / Adele | | D | 12 | | |
| / Leo | | S | 3 | | |
| Ortega Cleotilde | | M | 70 | | |
| and 1 servant | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--------------------|-----------|-------|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| Man | | 7 | Caplaur, Marshall | 114 | 9 |
| COUNTY | | | CITY | | |
| enumerated with | | | Tereveru, Tolomack | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 19 | | | 118 | 15 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Esare | | W | 18 | | |
| Helena | | W | 1 | | |
| Domingus, Antonon | | H M | 30 | | |
| Antonet, A. live | | Orp | 15 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| 9150 | | HEAD OF FAMILY | | LOUISIANA | |
| Livoan Mary | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 81 | France | | | |
| COUNTY | | CITY | | | |
| St. Tammany | | Covington | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| La Blanc Louise | G D | 37 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 150
COLOR | | NAME OF INDIVIDUAL
<i>Lavinia Mary</i> | | LOUISIANA
E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74
AGE | | 1 1/2
BIRTHPLACE | | 50 | | 7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Louis John</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC (8105-P61)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 3146 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 10 | | 122 | 25 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | St. Landry | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teffleur, Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orphan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

| | | | | | |
|--|-----|--------------------|------|-----------|--|
| 6146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| Man | 30 | St. Landry | 114 | 5 | |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Li</i> </div> </div> | | | | | |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|---|----------------|-----|------------|--|-------|--|
| 2 146 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| COLOR | B | AGE | 76 | BIRTHPLACE | | 114 9 | |
| COUNTY | | | | CITY | | | |
| St. Landry | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Cris | | S | 18 | | | | |
| Leuch | | S | 16 | | | | |
| Luna | | S | 14 | | | | |
| Kesta | | D | 12 | | | | |
| Armela | | S | 8 | | | | |
| Myrona | | D | 4 | | | | |

FORM 10-634 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 146 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafleur, Mary E. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 62 | | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lula | | 0 | 26 | | |
| Elizabeth | | 0 | 21 | | |
| Robert L. | | 5 | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|---|--|-------------------|
| L 46 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 | BIRTHPLACE | E.D. 114 SHEET 11 |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| Relationship: <i>Sister, Emily</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|--|---------------|--|------|--|--|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lebean, Matilda | | ED | | SHEET | |
| COLOR | W | AGE | 15 | BIRTHPLACE | |
| COUNTY | Pointe Coupee | | CITY | | |
| ENUMERATED WITH | | | | | |
| Pomcian, Victor | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| 450 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. 9 |
| 4 | 50 | | | 1 |
| COUNTY | | CITY | | |
| Catahoula | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Alix M | | S | 14 | |
| Maggie L | | S | 17 | |
| Julie W | | S | 13 | |
| Sam | | S | 14 | |
| Hillery J | | S | 11 | |
| Dannie J | | D | 8 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|---|------------|--|-------|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 64 | | 140 | 17 |
| COUNTY | | | CITY | | |
| Union | | | | | |
| ENUMERATED WITH | | | | | |
| G. Alvin | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|--|---|--------------------|----|-------------------|--|
| 2156 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lifen Maude A | | E.O. | | SHEET | |
| 136 | | 13 | | | |
| COLOR | W | AGE | 31 | BIRTHPLACE | |
| COUNTY | | West Baton Rouge | | CITY | |
| | | | | Broussard Landing | |
| ENUMERATED WITH | | | | | |
| Mary Olga | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
20 | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|------|--|-------------------|
| 2146 | | NAME OF INDIVIDUAL
<i>Lafleur Masille</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>14</i> | BIRTHPLACE | | E.D.
<i>118</i> | SHEET
<i>6</i> |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
<i>Chapman Laurin</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18189-P61

| | | | | | |
|--|--|---|--|-----------|--|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Teffens, Mary | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 3 | St. Landry | | | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Victoriana, Corilia Mrs. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| | |
|--|---|
| LOUISIANA | |
| L150 | NAME OF INDIVIDUAL
Levine, Maynard |
| E.O. 71 | SHEET 5 |
| COLOR
B | AGE
62 |
| BIRTHPLACE | |
| COUNTY
Lafayette | CITY
Youngsville |
| ENUMERATED WITH
Cade, Overton | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Wardman | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18198-P01

| | | | | | | | |
|-------------------------|---|----------------|----|---------------|------|------------|-------|
| 2150 | | HEAD OF FAMILY | | Leban Merille | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | E.D. | | SHEET |
| | | | | 84 | | 26 | |
| COUNTY | | | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Priscilla | | | | W | 32 | | |
| Alexis | | | | S | 13 | | |
| Pamella | | | | D | 10 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| L146 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| White | 10 | LaFour, Mistley | 114 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leveson, Leveson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910b-P61

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L146 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. SHEET |
| W | 31 | | | 153 B4 |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Marie B | | W | 27 | |
| Josephine | | D | 8 | |
| Gabriel | | S | 6 | |
| Mary E | | D | 1/2 | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|------|------------|--|
| 2151 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 38 | | 85 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 4 | |
| COUNTY | | | CITY | | |
| Pointe Coupee | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Helen | W | 42 | | |
| | Rosa | D | 15 | | |
| | Frank | S | 12 | | |
| | Molly | M | 69 | | |
| | Samuel | B | 22 | | |
| | Joseph | B | 20 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|------|--|--------------------|
| DISTRICT
<i>151</i> | | NAME OF INDIVIDUAL
<i>Labarre, Molly</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>69</i> | BIRTHPLACE | | E.D.
<i>85</i> | SHEET
<i>11</i> |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
<i>Labarre, Mollie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&M-DC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L146 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 3 | | 118 | 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafleur, Moses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18186-P61

| | | | | | |
|--|--|---|---------------|---|-------|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 53 | Labane, Moses | 97 | 6 |
| COUNTY | | | CITY | | |
| St. Mary | | | Morgan City | | |
| ENUMERATED WITH | | | Penn, Oscar | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 15100-P61

| | | | | | |
|--|--|---|-------------|---|-------|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 28 | - | 97 | 1 |
| COUNTY | | | CITY | | |
| St. Mary | | | Morgan City | | |
| ENUMERATED WITH | | | | | |
| Lucien, Cornelia | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB-DC 16106-P61

L150

1150

| | | | | | | | |
|-------------------------|-------|----------------|-----|------------|---------|------|-------|
| 6500 | | HEAD OF FAMILY | | Louisiana | | E.D. | SHEET |
| COLOR | White | AGE | 72 | BIRTHPLACE | Nat. S. | | |
| COUNTY | Tenn | | | CITY | 16 | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 Manda | | W | 73 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|--------------------|
| L-150 | | NAME OF INDIVIDUAL
<i>Leon Nathan</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE
<i>Russian</i> | | E.D.
<i>131</i> | SHEET
<i>19</i> |
| COUNTY
<i>Washington</i> | | CITY
<i>Bogalusa</i> | | | |
| ENUMERATED WITH
<i>Greenburg Henry</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UACOMM-DC 10122-P31

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----------|--------------------------------|--|--|
| L 150 | | NAME OF INDIVIDUAL
<i>Le Beau Naver</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>9</i> | BIRTHPLACE | | E.D.
<i>36</i> | SHEET
<i>33</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Catahoula</i> | | CITY
<i>Lake Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Hunter Henry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE: 1910

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| 2.50 | | HEAD OF FAMILY | | LOUISIANA | |
| Lavinie Nelson | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| Mw | 21 | | | | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Madam | | W | 19 | | |
| Clifton | | S | 4 1/2 | | |
| Thomas | | B | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|--------------|------------------|------------|-----------|----|
| K146 | | HEAD OF FAMILY | | Lefline Nicholas | | LOUISIANA | |
| COLOR | 3 | AGE | 66 | BIRTHPLACE | | E.O. | 83 |
| | | | | | | SHEET | 7 |
| COUNTY | | | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| | | Renie | W | 56 | | | |
| | | Helen | S | 23 | | | |
| | | Robert | S | 17 | | | |
| | | Robert | S | 17 | | | |
| | | Mary | D | 14 | | | |
| | | Marble | D | 12 | | | |
| | | | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|------------|------------|--------|
| 2151 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Breaux, Delbert | | E.D. | | SHEET | |
| COLOR | W | AGE | 7 | BIRTHPLACE | 103 12 |
| COUNTY | | | Vermillion | | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Le Breaux, Family | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18166-P61

| | | | | | |
|--|-----------|--------------------|------|------------|-----------------|
| L 150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 11 | BIRTHPLACE | E.D. 2 SHEET 11 |
| COUNTY | Ascension | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
 <u>Son</u> </div> </div> | | | | | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-4-DC 18196-P61

| 2150 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| W | 44 | | 121 | 34 | |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lorina | W | 44 | | | |
| Henry | S | 18 | | | |
| Desirine | S | 13 | | | |
| Lorin | S | 12 | | | |
| Eva | S | 9 | | | |
| Virginia | S | 5 | | | |
| Ellie | S | 4 | | | |

FORM 10-636 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 15104-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L-146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 48 | | | 100 | 18 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Angelise | W | 40 | | | |
| Maril | D | 15 | | | |
| Jules | S | 14 | | | |
| Robin | S | 10 | | | |
| Nora | S | 9 | | | |
| Beatrice | D | 12 1/2 | | | |
| | | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--------------|---|-------|
| 2146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mm | | 10 | | 26 | 6 |
| COUNTY | | | CITY | | |
| | | | Berwick Town | | |
| ENUMERATED WITH | | | | | |
| Lavalier, Rose | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SK | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 1910-PS1

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2146 | NAME OF INDIVIDUAL <i>Kaplan, Odette</i> | | E.O. 114 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>Mw</i> | AGE <i>5</i> | BIRTHPLACE | SHEET <i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>3 try</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE <i>Telesman, Telemack</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P61

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| L 150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 13 | | | 2 | 7 |
| COUNTY | | CITY | | | |
| Acadia | | Rayne | | | |
| ENUMERATED WITH | | | | | |
| Kahn Chas | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16169-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Slide |
| COUNTY | | St. Louis | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. J. J. J. | | W | 21 | | |
| L. J. J. J. | | S | 3 | | |
| Esley | | S | 1 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 246 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafleur, Oliver | | E.O. | | SHEET | |
| COLOR | W | AGE | 45 | BIRTHPLACE | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eddie | | W | 42 | | |
| Camille | | S | 14 | | |
| Andrew | | S | 12 | | |
| Pierre | | S | 8 | | |
| Louisa | | D | 5 | | |
| | | | | | |
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Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|------|---|-------|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Baine Oliver | | E.P. | | SHEET | |
| COLOR | W | AGE | 79 | BIRTHPLACE | 741 6 |
| COUNTY | West Baton Rouge | | CITY | | |
| ENUMERATED WITH | | | | | |
| Saizon O. M. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafleur, Olive | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 58 | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Artimise | | W | 47 | | |
| Annie | | D | 17 | | |
| Luma | | S | 16 | | |
| Hosea | | S | 14 | | |
| Eto | | D | 12 | | |
| Meon | | S | 10 | | |
| Natha | | D | 9 | | |

FORM 10-634 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19184-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 25 | | | 117 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Laurel | | W | 19 | | |
| Cinta | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. | SHEET |
| w | 57 | Lafleur Oneal | | 117 | 34 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ernestine | | w | 54 | | |
| Albert | | s | 34 | | |
| Jules | | s | 31 | | |
| Ramon | | s | 26 | | |
| Oneal | | s | 20 | | |
| Lego | | D | 16 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|------------|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2176 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 49 | BIRTHPLACE | E.D. 117 SHEET 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Landry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE <i>Propere Vedrine</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------------|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | St. Landry, Louisiana |
| COUNTY | | St. Landry | | CITY | Ville Platte |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | | W | 60 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--------------|
| 5150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | BIRTHPLACE | Lepine, Cmer |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 26 | | |
| Lennie | | D | 17 | | |
| Benjamin | | S | 5/12 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|-------------------|--|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR 3 | | AGE 65 | | E.D. 136 SHEET 15 | |
| | | BIRTHPLACE | | Larrea Craphine | |
| COUNTY | | Vermillion | | CITY Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| William Crilly | | D | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------------|------------|------------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 50 | | | 117 19 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Emma | W | 47 | | |
| | Anastasia | D | 19 | | |
| | Joseph | S | 17 | | |
| | Horace | S | 15 | | |
| | Ernest Jr. | S | 13 | | |
| | Ada | D | 6 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|-------|
| 8150 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lepine Oscar | | E.D. | SHEET |
| COLOR | W | AGE | 34 | BIRTHPLACE | |
| COUNTY | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | Jefferson | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Frank | W | 31 | | |
| | Clarence | S | 6 | | |
| | Lydia | D | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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| C150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 35 | | | 137 | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| West Baton Rouge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Babin, Marshall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|--------------------------------|--|-----------------------|-------------------|-------------------|--------------|
| E146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 31 | Lafleur, Ozema | 119 | 17 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| William | | W | 29 | | |
| Lidie | | C | 8 | | |
| Jamilas | | S | 4 | | |
| Joseph E. | | S | 12 | | |
| | | | 12 | | |
| | | | | | |
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FORM 10-436 (4-20-01)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|--------------|-------|
| 550 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 30 | | 35 | 17 |
| | | BIRTHPLACE | | | |
| COUNTY | | CITY | | | |
| | | Calcasieu | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eveline | | W | 28 | | |
| Talbert, William | | B-L | 31 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|--------------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | w | AGE | 31 | BIRTHPLACE | Lafleur Paul |
| | | | | E.D. | 117 |
| | | | | SHEET | 19 |
| COUNTY | | | Si. Landry | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ennoza | | w | 29 | | |
| Arvillien | | s | 9 | | |
| Josephine | | d | 7 | | |
| Viola | | d | 5 | | |
| Horace | | s | 3 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L146 | | NAME OF INDIVIDUAL
<i>Fulbright, Paul A.</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>13</i> | BIRTHPLACE | | E.D.
<i>1/4</i> | SHEET
<i>24</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Or. Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Leahurst, H. (Husband)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMIGRANT</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 7 | | | 32 | 21 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Calcasieu | | Welsh | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lester Clapham | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

| | | | | | |
|--|---|--|------------|--|--------------------|
| 2151 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Le Brouff, Pauline |
| E.D. | | 103 | | SHEET 12 | |
| COUNTY | | | Vermillion | | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Le Brouff, Emily | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 33 | E.O. | 41 |
| | | BIRTHPLACE | | SHEET 2 | |
| COUNTY | | East Feliciana | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mausellin | | W | 30 | | |
| Wife | | SS | 16 | | |
| | | | | | |
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FORM 10-636 (10-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-------------------|--|--------------------|--------------------|--|
| 8150 | | NAME OF INDIVIDUAL
<i>Levine, Peter</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>N R</i> | BIRTHPLACE
<i>St</i> | E.D.
<i>110</i> | SHEET
<i>19</i> | |
| COUNTY
<i>Terrebonne</i> | | CITY | | | |
| ENUMERATED WITH
<i>Fissella, Joe</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16106-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| 4150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | Italy |
| COUNTY | | A.C. H. S. | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Vincenzo | | W | 27 | Italy | |
| Casio | | S | 13 | | |
| Mike | | S | 9 | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|---|----------------|-----|------------|-----------------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | Laftun, Phillip |
| COUNTY | | S. J. | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 46 | | |
| Ernest | | S | 18 | | |
| Luke | | S | 16 | | |
| Ferdinand | | S | 14 | | |
| Beatrice | | D | 11 | | |
| Mary | | D | 9 | | |
| Pearl | | D | 5 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|-----|------------|
| 1 Benjamin | S | 7 | |
| one servant | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15108-P61

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|---|--|--|----|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 35 | E.O. | 143 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Vermillion | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Gueydan | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Comlan, Nicolas | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | | | | | |
|-------------------------|-----|----------------------|-----|------------|-------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 55 | | | 80 | 12 |
| COUNTY | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Arthur | | S | 23 | | |
| Mabel | | S | 11 | | |
| | | | | | |
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Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------------|-----------|------------|
| L150 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
B | AGE
45 | BIRTHPLACE
Pierre | | E.D. 1 |
| COUNTY
Assumption | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Odelia | W | 40 | |
| | Arthur | S | 20 | |
| | Evelina | D | 18 | |
| | Calvin | S | 15 | |
| | Oscar | S | 12 | |
| | Justin | S | 8 | |
| | Ivory | S | 6 | |

FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED 1510-1-43

| | | | | | |
|-------------------------|----|----------------|-----|------------|--|
| 20116 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | .B | AGE | 65 | BIRTHPLACE | |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Marcilite | | W | 47 | | |
| Richard Thane | | CS | 6 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 56 | BIRTHPLACE | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Willie | | w | 53 | | |
| Lulia | | ol | 16 | | |
| | | | | | |
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FORM 16-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 150 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 28 | | 101 | 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ouachita | | | Monroe | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pettie Marshall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|---|-----|--------------------|------|-----------|--|
| 6146 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 16 | Lafayette, La. | 114 | 6 | |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Lafayette, Lement R. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Hired Man | | | | | |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|-------------------------|---|----------------|-------|--------------|--|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| Salleur, Paul | | E.D. | | SHEET | |
| COLOR | W | AGE | 26 | BIRTHPLACE | |
| COUNTY | | St. Landry | | CITY | |
| | | | | Lille Platte | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mathilda | | W | 22 | | |
| Essay | | W | 6 | | |
| Elna | | W | 3 | | |
| Hattie | | W | 1 1/2 | | |
| McBride, Noah | | Bo. | 17 | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-----------------------------|--|--------------|-----------|---------------------------|
| L150 | HEAD OF FAMILY
<i>Lubin Rebecca</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>37</i> | BIRTHPLACE | | E.D. SHEET
<i>9 19</i> |
| COUNTY
<i>Assumption</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Joseph</i> | | <i>r</i> | <i>18</i> | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| L150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 5 | 8 | | | 125 | 21 |
| COUNTY | | CITY | | | |
| St. Martin | | | | | |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|-------------------------|--------|----------------|------------|------------|-------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 43 | miss | 12 | 32 |
| COUNTY | | | Catahoula | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Louisa | W | 42 | | |
| | Elyse | D | 17 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------------|----------------|------|------------|--|
| 2150 | | HEAD OF FAMILY | | LOUISIANA | |
| Lapham, Robert | | E.D. 41 | | SHEET 1 | |
| COLOR | B | AGE | 45 | BIRTHPLACE | |
| COUNTY | East Feliciana | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emmet | | W | 22 | | |
| Hannah | | D | 10 | | |
| Ada | | D | 5 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|--------------------|-------------|------------|-------|
| 450 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Kearney, Robert J. | | E. D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 13 | 39 | | | | |
| COUNTY | | ST. Mary | CITY | | |
| | | | Morgan City | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Theresa | | w | 27 | | |
| Robert J. | | w | 8 | | |
| Katherine | | d | 5 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------------|------------|-------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 55 | | 114 | 15 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Actavia | W | 53 | | |
| | Attalus | S | 23 | | |
| | Jules D. | S | 22 | | |
| | Therese | S | 20 | | |
| | Cordell | D | 17 | | |
| | Corine | D | 13 | | |
| | Jean B. | S | 11 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L/150 | NAME OF INDIVIDUAL <i>Ma Tam, Rosa E</i> |
| COLOR <i>B</i> | E.D. <i>39</i> |
| AGE <i>3</i> | SHEET <i>2</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| ENUMERATED WITH <i>Clayton, Dicy</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>D</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16106-P61

| | | | | | |
|-------------------------|---------|----------------|------------|------------|-------|
| L 146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mu | | 46 | | 26 | 6 |
| COUNTY | | | CITY | | |
| Avoyelles | | | Burke Town | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Octavia | SV | 10 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 1146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 24 | | 120 | 28 |
| COUNTY | | | CITY | | |
| St. Landry | | | Landry | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leo | | W | 18 | | |
| Guillory, Clarence | | M L | 45 | | |
| Mamuel, Alida | | S L | 28 | | |
| Evan | | B L | 22 | | |
| Guillory, Leba | | S L | 15 | | |
| Euthene | | S L | 11 | | |
| Ebroia | | S L | 6 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|--|--|---|-------------------|--------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 150 | | NAME OF INDIVIDUAL
<i>Lopen Russel</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>28</i> | BIRTHPLACE | E.D.
<i>66</i> | SHEET
<i>39</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafayette</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Rahett Oliver</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)
<i>Laborer</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Laborer</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Laborer</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|--|---|---|---|---|----------------|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 7 | BIRTHPLACE | Leven, Russell |
| COUNTY | | Ascension | | CITY | |
| ENUMERATED WITH | | | | | |
| Redrigian, Paul | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
Son | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|--|---|---|----|---|-------|
| 2150 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lehon | | St. Claire | | E.D. | SHEET |
| COLOR | B | AGE | 23 | 95- | 15- |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Mary | | CITY | |
| | | | | Morgan City | |
| ENUMERATED WITH | | Grange, Joseph | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18184-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 5156 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 0 | 45 | | | | 1 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edouard | | 6 | 71 | | |
| Lucy | | 11 | 54 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|-----------|----|
| 2151 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 22 | E.D. | 85 |
| | | BIRTHPLACE | | SHEET 11 | |
| COUNTY | | Pointe Coupee | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;">D</div> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO:44-DC 1910-P61

| | |
|--|--|
| LOUISIANA | |
| L-150 | NAME OF INDIVIDUAL
Lerusa Samie |
| E.D.
131 | SHEET
20 |
| COLOR
W | AGE
25 |
| BIRTHPLACE
Russia | |
| COUNTY
Washington | CITY
Bagalusa |
| ENUMERATED WITH
Marry Max | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1512-P41

| | | | | | |
|-------------------------|--------|----------------|-----|------------|--|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| Levin Sarah | | E.D. | | SHEET | |
| 10 | | 24 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| MW | 41 | | | | |
| COUNTY | Acadia | CITY | | | |
| | | Crowley | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| - | Harvey | s | 16 | | |
| - | Nathan | s | 6 | | |
| | | | | | |
| | | | | | |
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|-------------------------|--|----------------|------------|------------|-------|
| 5150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 4 | | 47 | | 93 | 2 |
| COUNTY | | | CITY | | |
| Mary | | | Patterson | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. J. Joly | | W | 46 | Patterson | |
| Anna | | D | 22 | ! | |
| Louise | | S | 19 | ! | |
| Linda | | D | 17 | | |
| Lara | | D | 14 | | |
| Jimmie | | D | 12 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------------|-------------------|
| 246 | HEAD OF FAMILY | Lafleur, Lequino | E.D. 120 SHEET 22 |
| COLOR W | AGE 48 | BIRTHPLACE | |
| COUNTY St. Landry | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Berthe | W | 34 | |
| M. L. Lema | D | 8 | |
| Emma | D | 3 | |
| Nada | D | 3/12 | |
| | | | |
| | | | |
| | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|----------------------------|---------------------------------------|--------------|------------|-------------|
| 2146 | HEAD OF FAMILY
<i>Lafleur Shug</i> | | E.D.
29 | SHEET
24 |
| COLOR
<i>mu</i> | AGE
30 | BIRTHPLACE | | |
| COUNTY
<i>Catahoula</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 <i>Addie</i> | | <i>w</i> | 25 | |
| <i>Milton Estelle</i> | | <i>Ni</i> | 16 | |
| <i>Hobbs Frances</i> | | <i>Ni</i> | 13 | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 40 | France | 58 | 5 |
| COUNTY | | | CITY | | |
| St. Bernard | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Augustine H. | | W | 35 | France | |
| Gaston J. | | S | 4 | | |
| Jeanne H. | | D | 3/12 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|--------------------------|---------------------------------------|-----------|------------|
| L 146 | HEAD OF FAMILY <i>Lallier Lothene</i> | | |
| E.D. 117 | SHEET 22 | | |
| COLOR <i>w</i> | AGE 48 | | |
| BIRTHPLACE | | | |
| COUNTY <i>St. Landry</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Edmonia</i> | <i>w</i> | <i>41</i> | |
| <i>Hersher</i> | <i>s</i> | <i>18</i> | |
| <i>Beriah</i> | <i>d</i> | <i>20</i> | |
| <i>Ala</i> | <i>d</i> | <i>15</i> | |
| <i>Zemon</i> | <i>s</i> | <i>3</i> | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--|-----------|------------|
| L 150 | HEAD OF FAMILY
<i>La Tan Theodore</i> | | |
| E.D.
92 | SHEET
24 | | |
| COLOR
W | AGE
38 | | |
| BIRTHPLACE | | | |
| COUNTY
Calcasieu | CITY
Fenton | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Elizabeth</i> | <i>W</i> | <i>25</i> | |
| <i>Core Lee</i> | <i>D</i> | <i>10</i> | |
| <i>Esau</i> | <i>S</i> | <i>7</i> | |
| <i>Armorel</i> | <i>S</i> | <i>5</i> | |
| <i>Lillian</i> | <i>D</i> | <i>3</i> | |
| <i>1 hired man</i> | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|--|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| Lapham, Theodore | | E.D. | | SHEET | |
| COLOR | W | AGE | 21 | BIRTHPLACE | |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | M | 48 | | |
| Soileau, Rodfrey | | C | 10 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-------------------|------------|------------|-------|
| L 146 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lapleur Theophile | | 118 | 2 |
| COLOR | AGE | BIRTHPLACE | | |
| 2W | 44 | | | |
| COUNTY | St. Landry | | CITY | |
| | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marenta | 2W | 32 | | |
| Loretta | D | 17 | | |
| Ones | S | 15 | | |
| Jean P | S | 13 | | |
| Elina | D | 10 | | |
| Armielle | D | 8 | | |
| Widney | S | 5 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| / Henry | ✓ | 3 | |
| Wendy | ✓ | 2 | |
| Jean | ✓ | 1 | |
| | | | |
| | | | |
| | | | |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------------|--------------------------------|--|--|
| L150 | NAME OF INDIVIDUAL
<i>Laurie Thomas</i> | | E.O.
<i>152</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>12</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Laurie Nelson</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Brother</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Brother</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Brother</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|----|----------------|-----------|------------|--|
| 550 | | HEAD OF FAMILY | | LOUISIANA | |
| Larney, Zorn | | E.D. | | SHEET | |
| 38 | | 7 | | | |
| COLOR | 13 | AGE | 35 | BIRTHPLACE | |
| COUNTY | | | Calcasieu | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Louis | | W | 28 | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|----------------------------|--|----------------------------|--------------|--------------------|--------------------|
| <i>L150</i> | HEAD OF FAMILY
<i>Lahania, Tony</i> | | | E.D.
<i>244</i> | SHEET
<i>23</i> |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE
<i>Italy</i> | | | |
| COUNTY
<i>Calcasieu</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Katara</i> | | <i>W</i> | <i>19</i> | <i>Italy</i> | |
| <i>Lera</i> | | <i>D</i> | <i>6 1/2</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L150

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2150 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Labron Lathan | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Nattie | | W | 41 | | |
| Leatha | | S | 18 | | |
| Gynail | | S | 16 | | |
| Loney | | D | 13 | | |
| Ada | | D | 10 | Tex | |
| Ambrose | | S | 6 | | |
| Lavonia | | D | 4 | Tex | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY - CONTINU

OTHER MEMBERS OF FAMILY

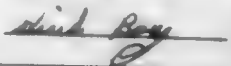
[illegible]

FORM 10-636e (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCOMM-DC 15100-P61

| | | LOUISIANA | |
|---|--------------------|-----------|-------|
| W 46 | NAME OF INDIVIDUAL | E.D. | SHEET |
| COLOR | AGE | 29 | 10 |
| W | BIRTHPLACE | | |
| COUNTY | CITY | | |
| | Calcasieu | | |
| ENUMERATED WITH | | | |
| | Laurier Mucione | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;"> <u>Child Boy</u>
  </div> </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L-146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 25 | | 100 | 18 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Estelle | | W | 24 | | |
| Cecilia | | D | 5 | | |
| Jean Pierre | | S | 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|--|--|-------------------|
| 150 | | LOUISIANA | |
| NAME OF INDIVIDUAL
<i>Lebanon Moore</i> | | E.D.
<i>80</i> | SHEET
<i>3</i> |
| COLOR
<i>W</i> | AGE
<i>3</i> | BIRTHPLACE | |
| COUNTY
<i>Orte Coupee</i> | | CITY | |
| ENUMERATED WITH
<i>Southern Louis</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

| | | | | | | | | | |
|-------------------------|-----|----------------|--|--------------|--|------------|--|------------|--|
| C150 | | HEAD OF FAMILY | | LABONE | | VERMILLION | | LOUISIANA | |
| E.D. | | 138 | | SHEET | | 17 | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | |
| Wm | 23 | | | | | | | | |
| COUNTY | | | | Vermillion | | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Mae | | | | W | | 22 | | | |
| Alfonso | | | | P | | 2 | | | |
| Ophelia | | | | S | | 9/2 | | | |
| | | | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L150 | | HEAD OF FAMILY | | LOUISIANA | |
| Lahon, Ugride | | E.D. | | 70 9 | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 46 | | | | |
| COUNTY | | CITY | | | |
| Lafayette | | Lafayette | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Yoder | | S | 6 | | |
| Lawrence | | S | 1 | | |
| Lee F. | | S | 5 | | |
| Edgar | | S | 20 | | |
| Oscar | | S | 11 | | |
| Cecilia | | D | 16 | | |
| Lena | | D | 13 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-------|---------------|-------|
| 2146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| W | | 27 | | 117 | 3 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Landry | | CITY | |
| | | | | Villle Platte | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Apathe | | W | 26 | | |
| Olivia | | D | 6 | | |
| Edna | | D | 4 | | |
| Shelton | | S | 1 1/2 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| LHG | NAME OF INDIVIDUAL
<i>Lafleur, Valson</i> |
| E.D.
120 | SHEET
25 |
| COLOR
W | AGE
16 |
| BIRTHPLACE | |
| COUNTY
St. Landry | CITY |
| ENUMERATED WITH
<i>Veillon, Adual</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<i>29 man</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMM-DC 18108-P81

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L146 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lafleur Vorice | | 118 | 6 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 20 | | | |
| COUNTY | | CITY | | |
| St. Landry | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Laura | | W | 16 | |
| | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|-------------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| 2150 | Levine, Wakefield | 135 | 3 |
| COLOR
B | AGE
31 | BIRTHPLACE | |
| COUNTY
Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Leone | W | 24 | |
| Annie May | D | 5 | |
| George | S | 2 | |
| Wakefield Jr | S | 1 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|-----|------------|--|-------|--|
| 3756 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| Levin Wash | | | | 37 | | 11 | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| W | 39 | | | | | | |
| COUNTY | | | | CITY | | | |
| Lafourche | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Alfred | | 1 | 56 | | | | |
| Acile | | 2 | 17 | | | | |
| Idie | | 3 | 15 | | | | |
| J. W. | | 4 | 11 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-------------------------------|--------------|------------|-------------|
| L150 | HEAD OF FAMILY
Leavon Will | | E.D.
38 | SHEET
10 |
| COLOR
13 | AGE
33 | BIRTHPLACE | | |
| COUNTY
Calcasieu | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Lora | | W | 23 | |
| Lena | | D | 8 | |
| Eddie | | S | 6 | |
| Ethel | | S | 4 | |
| | | | | |
| | | | | |
| | | | | |

LOUISIANA

| | | | | | |
|--|-----------|--|--|---|-------------|
| L150 | | NAME OF INDIVIDUAL
Libune Willard | | E.D.
49 | SHEET
17 |
| COLOR
W | AGE
17 | BIRTHPLACE | | | |
| COUNTY
Calcasieu | | CITY | | | |
| ENUMERATED WITH
Andrew Cabmat | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

| | | | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L 150 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Tanner William | | 50 | 2 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Progen | W | 36 | | | |
| Joseph | S | 14 | | | |
| Anna | A | 12 | | | |
| Ellen | S | 11 | | | |
| Clapha | S | 9 | | | |
| Willie | S | 2 | | | |

FORM 10-636 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-----------------|--------------|-------|------------|
| 5150 | HEAD OF FAMILY | | E. D. | SHEET |
| | Lapine, William | | 31 | 17 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 28 | | | |
| COUNTY | | CITY | | |
| Jefferson | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| and 26 Co. | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-------------------|---------------|-------|------------|-------|
| 1-5-0
65-0 | HEAD OF FAMILY | | | E.D. | SHEET |
| | Leheaux William J | | | 84 | 30 |
| W | AGE | BIRTHPLACE | | | |
| | 25 | | | | |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary A | | W | 25 | | |
| Murray J | | S | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2146

| | | | | | | | |
|-------------------------|---|-----------------------|-----|------------|--|-----------|-------|
| 2145 | | HEAD OF FAMILY | | LOUISIANA | | E.O. | SHEET |
| | | Loffelars William Mrs | | 136 | | 7 | |
| COLOR | W | AGE | 55 | BIRTHPLACE | | | |
| | | | | Germany | | | |
| COUNTY | | Vermillion | | CITY | | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 Henry | | S | 23 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|-----------------|------|------------|-------|
| L146 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lafleur, Willie | | 114 | 20 |
| COLOR | AGE | BIRTHPLACE | | | |
| Man | 30 | | | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 22 | | |
| Thelma | | D | 4 | | |
| Willie | | S | 2 | | |
| Viola | | D | 7/2 | | |
| | | | | | |
| | | | | | |
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| | | | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | |
|--|--|--|--------------------|
| L 150 | NAME OF INDIVIDUAL
<i>Leven, Willis</i> | E.O.
<i>2</i> | SHEET
<i>11</i> |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | |
| COUNTY
<i>Ascension</i> | CITY | | |
| ENUMERATED WITH
<i>Redigine, Paul</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)
<i>Son</i> | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

| | | | | | | | | |
|-------------------------|----------------|--------------|--------|------------|------|---|-------|---|
| 2150 | HEAD OF FAMILY | | Willie | | E.O. | 9 | SHEET | 2 |
| COLOR | W | AGE | 30 | BIRTHPLACE | | | | |
| COUNTY | | | | Catahoula | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | | |
| Bertie | | W | 22 | | | | | |
| Roy | | S | 6 | | | | | |
| Lafayette | | S | 4 | | | | | |
| Lela | | D | 3 | | | | | |
| West, Csa | | B L | 20 | | | | | |
| | | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|-----------------|--------|------------|-------|
| 1150 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Salasie, Skille | | 3 | 8 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 21 | | | | |
| COUNTY | | | CITY | | |
| Acadia | | | Acadia | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Edna | | W | 19 | | |
| Skille | | S | 2 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|----------|---|----------------|--|-------------|
| L 150 | | NAME OF INDIVIDUAL
Eugene Stiller | | E.D.
20 | SHEET
11 |
| COLOR
w | AGE
2 | BIRTHPLACE | | | |
| COUNTY
Lincoln | | | CITY
Linton | | |
| ENUMERATED WITH
Louis, Robert E | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L150 | NAME OF INDIVIDUAL
<i>Levon, Stanfield</i> | | E.D.
70 | SHEET
11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
37 | BIRTHPLACE
<i>Miss</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lincoln</i> | CITY
<i>Anderson</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Levon, Robert C</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P61

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|---------------|------------|
| 2146 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lafleur, Yonck | | 117 | 7 |
| COLOR
B | AGE
21 | BIRTHPLACE | | |
| COUNTY | St. Landry | CITY | Villle Platte | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Angeline | | W | 21 | |
| Athens | | Hi | 13 | |
| Charles, Martin | | Bo | 20 | |
| Gason, Dick | | Bo | 20 | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2146 | | NAME OF INDIVIDUAL
<i>Lafleur Yves</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>3</i> | BIRTHPLACE | | E.D.
<i>118</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Fontenot Joseph</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P01

1999

THE

| | | | | | |
|-------------------------|---|----------------|------|------------|----------------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 20 | BIRTHPLACE | Surgeon, Aaron |
| COUNTY | | | | E.D. | 72 |
| | | | CITY | SHEET 16 | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Surgeon, Aaron | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|-------------|------------|-------------------|
| 152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 32 | BIRTHPLACE | Livingston, Adair |
| COUNTY | | E.D. | | SHEET | |
| | | 50 | | 12 | |
| CITY | | | Plaquemines | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Miller | W | 23 | | | |
| Ann | D | 17 | | | |
| Vinnie | D | 12 | | | |
| Caroline | D | 11 | | | |
| William | S | 8 | | | |
| Edward | S | 4 | | | |
| Isaac | S | 3 | | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | |
|-------------------------|--------------|-----|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Nathan | S | 2 | |
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FORM 10-636e (4-20-61)

1970 CENSUS

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

| | | | | | |
|-------------------------|-----------|-------------------|-----|------------|-------------|
| L 152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
B | AGE
28 | Living, Adam | | E.D.
74 | SHEET
14 |
| COUNTY
Lafayette | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | |
| Ida | | W | 20 | | |
| Freddy | | 2 | 5 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|--|
| 153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lapoint, Adelle | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 26 | | | | |
| COUNTY | | CITY | | | |
| Vermillion | | Lafayette | | | |
| ENUMERATED WITH | | | | | |
| Marceau, Depreville | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
app W. of Bo. | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&M-DC 16106-P61

| | | | | | |
|-------------------------|----------|----------------|------------|------------|-------------------|
| 2155 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | Lafayette, Adolph |
| E.D. | | 110 | | SHEET 9 | |
| COUNTY | | | Terrebonne | | CITY |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Zuline | W | 46 | | |
| | Jeannine | A | 20 | | |
| | John | S | 17 | | |
| | Anna | A | 15 | | |
| | Clara | A | 14 | | |
| | Maria | A | 12 | | |
| | Sophie | A | 10 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Frances | S | 9 | |
| Pierre | S | 2 | |
| Joseph | S | 4 | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-751

| | | | | | |
|---|-----------------|---|--|-------------------|--------------------|
| 2153 | | NAME OF INDIVIDUAL
<i>Labande Adolph</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>2</i> | BIRTHPLACE | | E.D.
<i>23</i> | SHEET
<i>19</i> |
| COUNTY
<i>Avoyelles</i> | | CITY | | | |
| ENUMERATED WITH
<i>Fernie Adolph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Adopted Child</i> </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16106-P81

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 8155 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | LaFayette, Albert |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dora | | 4 | 22 | | |
| Mabel | | 18 | 3 | | |
| Dorothy | | 18 | 1 | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

6153

| | |
|----------------|--|
| HEAD OF FAMILY | |
|----------------|--|

2153

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| Richard Wiley | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 36 | | 68 21 |
| COUNTY | | CITY | |
| St. James | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ellen | W | 30 | |
| Lester | S | 9 | |
| Gertrude | D | 4 | |
| Williamson | S | 4 | |
| William Russell | SD | 4 | |
| Lodilia | SD | 2 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 22 | BIRTHPLACE | Alex |
| COUNTY | | | | E.D. | SHEET |
| Lafayette | | | | 76 | 18 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Savie | | W | 18 | | |
| Lucien | | S | 2 | | |
| Ida | | D | 7 1/2 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| L 152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 22 | BIRTHPLACE | LOUISIANA |
| COUNTY | | East Carroll | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 18-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|--------|
| 2152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 84 | BIRTHPLACE | Albany |
| COUNTY | | Ascension | | CITY | |
| ENUMERATED WITH | | | | | |
| Brand Paul E Jr. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input checked="" type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. COMM-DC 1819B-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|------------------|
| 2753 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Albany, New York |
| COUNTY | | Vermillion | | CITY | Kaplan |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eliza | | W | 27 | | |
| Clara | | D | 3 | | |
| Alice | | D | 9/12 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|--|---|------------------------|-------------------|--------------------|
| L153 | NAME OF INDIVIDUAL
<i>Sapient Alexis</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | E.D.
<i>11</i> | SHEET
<i>14</i> |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | |
| ENUMERATED WITH
<i>Burgin Mrs. F.</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18193-P81

[illegible]

| | | | | |
|-------------------------|----------------|-----------------|------------|-------|
| 4152 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| 3 | 22 | Louise C. Green | 114 | 19 |
| COUNTY | | CITY | | |
| Richland | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Guilley | W | 19 | | |
| Leon | S | 2 | | |
| Abraham | S | 2 | | |
| Ernest | S | 1 1/2 | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|--|
| L152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Livingston Alfred | | E.D. | | SHEET | |
| COLOR | W | AGE | 13 | BIRTH PLACE | |
| COUNTY | | St. Martin | | St. Martinville | |
| ENUMERATED WITH | | | | | |
| James J. L. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|--|------------|--|----------|--|---|
| L152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 29 | E.D. | 3 |
| | | BIRTHPLACE | SHEET 14 | | |
| COUNTY | Assumption | | CITY | | |
| ENUMERATED WITH | | | | | |
| Chauffe, Elvira | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L-5-3
COLOR
W | | NAME OF INDIVIDUAL
Lapsante, Alida | | LOUISIANA
E.D. 71 SHEET 25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE
36 | | BIRTHPLACE
Lafayette | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Bodoin, Elsie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| 2152 | | NAME OF INDIVIDUAL
<i>Livingston, Allie</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE | | E.D.
<i>35</i> | SHEET
<i>19</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Lake Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lynn, Daniel</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| 2142 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 20 | Lorris, Alma | | 8 | 13 |
| COUNTY | | CITY | | | |
| | | Bienville | | | |
| ENUMERATED WITH | | | | | |
| Bogans, William N. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>Boarder</u> </div> </div> | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCENS-DC 1910-P01

| | | | | | |
|--|--|---|------------|---|-------|
| 453 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| mu | | 14 | | 101 | 10 |
| COUNTY | | | CITY | | |
| St. Tammany | | | | | |
| ENUMERATED WITH | | | | | |
| Lavent, Pauline | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDWIFE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 56 | Ala | | 4 | 2 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Nona | | W | 51 | | |
| Alma | | D | 20 | | |
| Eileen | | D | 18 | | |
| Annie | | D | 16 | | |
| Leta | | D | 13 | | |
| Nona | | D | 10 | | |
| Mattie | | D | 8 | | |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------------|---|--|--|--------------------|
| L153 | | NAME OF INDIVIDUAL
<i>Lapoint, Alpha</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>1</i> | BIRTHPLACE | | ED.
<i>123</i> | SHEET
<i>25</i> |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Greysboro</i> | | | |
| ENUMERATED WITH
<i>Marceline Dupreville</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>App. S. of Bo.</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOP-INC 10100-P-61

| | | | | | |
|--|-----|--|--|--|--|
| 2152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Livingston Alton | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| Wm | 3 | | | | |
| COUNTY | | CITY | | | |
| Webster | | | | | |
| ENUNCIATED WITH | | | | | |
| Livingston Mariah | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCO:44-DC 18183-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1452 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Livingston, Amy | | | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTH PLACE | | 70 | 38 | | | | | | | | | | | | | | | | | | | | | | | | |
| White | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Lafayette | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Lafayette | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dumont, Emily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18190-P81

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 0 | AGE | 29 | E.D. | 28 |
| | | BIRTHPLACE | | SHEET 35 | |
| COUNTY | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lincy | | W | 27 | | |
| Anderson | | . | | | |
| Anderson | | S | 16 | | |
| Storn | | S | 13 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|------|--|--|
| 2153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| | 17 | | 143 | 22 | |
| COUNTY | | CITY | | | |
| Vermillion | | Greysden | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | Lapoint Arthur | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 16-637 14-20-611

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1010-P01

| | | | | | |
|--|-----|---|--|--|-------|
| 5/53 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTH | | E.D. | SHEET |
| | 1/2 | Lafourche | | 78 | 1/2 |
| COUNTY | | CITY | | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | | | | |
| Peter Dupont | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
ocl | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS


USCOMB-OC 1910B-P61

| | | | | | |
|---|-----|--------------------|------|-----------|-------|
| 2153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 3 | Lafayette Anita | | 48 | 42 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | | | | |
| Peter Elezants | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
G d | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|----|------------|--------------|
| L154 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 20 | BIRTHPLACE | |
| COUNTY | | Calcasieu | | CITY | Lake Charles |
| ENUMERATED WITH | | Le Beil Mary | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
  </div> </div> | | | |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 452 | | NAME OF INDIVIDUAL
<i>Laurie Arto</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Ma</i> | AGE
<i>2</i> | BIRTHPLACE | | E.O.
<i>50</i> | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Laurie Arto</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 37 | | | 102 | 30 |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 44 | Pointe Coupee | | 28 | 8 |
| COUNTY | | CITY | | | |
| | | Margouza | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 34 | | |
| William M | | S | 16 | | |
| Isabell | | D | 15 | | |
| Clemence | | S | 12 | | |
| Marie | | D | 10 | | |
| Edna | | D | 5 | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|-----------------|-------|
| 7/53 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | Lapoint, Arthur | |
| | | BIRTHPLACE | | E.D. | SHEET |
| | | | | 143 | 22 |
| COUNTY | | Vermillion | | CITY | |
| | | | | Greysdan | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | E. L. L. | D. | 2 | | |
| | Andrew | B. | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|-----------|----|
| 455 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 22 | E.D. | 95 |
| | | BIRTHPLACE | 22 | | |
| COUNTY | | Red River | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| Living, Avery | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B. | 38 | | | 74 12 | |
| COUNTY | | | CITY | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eric | | W | 38 | | |
| Leon | | S | 14 | | |
| Philbert | | S | 9 | | |
| Rodolphe | | S | 8 | | |
| Imela | | D | 6 | | |
| Louise Thar. | | D | 5 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L152 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 26 | E.D. | 56 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | Bama | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Jackson | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hamilton, Green | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10190-P61

| | | | | | |
|-------------------------|----|----------------|------------------|------------|-----|
| 2153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 1A | NAME | Lefont, Barnabus | E.D. | 121 |
| | | AGE | 31 | SHEET | 54 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lomie | | W | 25 | | |
| Mason | | S | 5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|---------|
| L152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 18 | BIRTHPLACE | Bennett |
| COUNTY | | Clai borne | | CITY | |
| ENUMERATED WITH | | | | | |
| Levanston Joe | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> <u>OWNER</u> (Specify)
 <u>55</u> </div> </div> | | | | | |

FORM 10-437 (4-20-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|--|-----|---|------|--|-------|
| C152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 20 | Lauringhouse, Bert | | 99 | 13 |
| COUNTY | | | CITY | | |
| St. Tammany | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| Lauringhouse Walter | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L152 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Wm | 2 | | | 115 | 27 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Webster | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Livingston Marshall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 3 | 48 | | | 116 | 2 |
| COUNTY | | CITY | | | |
| Richland | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Charles | | S | 12 | | |
| Limpson | | S | 10 | | |
| Grace | | D | 8 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|--------------------|
| 5152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 12 | AGE | 27 | BIRTHPLACE | Livingston, (Cage) |
| COUNTY | | Lincoln | | CITY | Shiner's village |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ota | | W | 24 | | |
| 1 Charles | | S | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|--------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 31 | Miss | | 119 | 12 |
| COUNTY | | Tangipahoa | | CITY Hammond | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ethel M | | W | 30 | Canada | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|----|------------|------------------|
| L152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 20 | BIRTHPLACE | E.D. 74 SHEET 14 |
| COUNTY | | Lafayette | | CITY | |
| ENUMERATED WITH | | Babineaux, Adam | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input checked="" type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------------|
| 2155 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 74 | BIRTHPLACE | Lafayette, Carnielite |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / L. Marie | | D | 27 | | |
| / Louise | | D | 30 | | |
| Barrilleau, Uldouf | | S | 44 | | |
| / Thos | | D | 35 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L153 | | NAME OF INDIVIDUAL
<i>Levandais Caselle</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | | E.D.
<i>60</i> | SHEET
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Bernard</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Morales Diego</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>C</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>C</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>C</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|----|-----------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L152 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 32 | E.D. | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET 14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Assumption | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Changffe Celina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|--|---|---|----|--|---------------------------|
| L155 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | <i>Lafayette, Celeste</i> |
| COUNTY | | Terrebonne | | CITY | |
| ENUMERATED WITH | | | | | |
| <i>Barileau, Myrtle</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCENSUS-DC 1910-P81

| | | | | | |
|-------------------------|-----|------------------|------|------------|-------|
| 2155 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 33 | Lepanne, Charles | | 110 | 8 |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 30 | | |
| Eynise | | D | 9 | | |
| Laura | | D | 6 | | |
| Phelma | | D | 2 | | |
| Wilola | | D | 3/12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L152 | | NAME OF INDIVIDUAL
Livingston Charles | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
w | AGE
21 | BIRTHPLACE | | E.D.
126 | SHEET
13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
St. Martin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY
St. Martinville | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Jewel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
4 P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18106-P81

| | | | | | |
|-------------------------|----|----------------|-----|------------|--------------|
| 8152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 57 | BIRTHPLACE | Lincoln |
| COUNTY | | | | CITY | Lincolnville |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sammy | | H | 45 | | |
| Lammy | | H | 17 | | |
| Marie | | S | 16 | | |
| Thomas | | S | 7 | | |
| Mary | | S | 3 | | |
| James | | S | 1 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-----|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 29 | | | 102 | 9 |
| COUNTY | St. Landry | CITY | | Broussard | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillia | | W | 26 | | |
| Eva | | D | 1 | | |
| Wesley Adeline | | M | 56 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|-------------------|--|-----------|----|
| 4152 | | HEAD OF FAMILY | | Livingston, Clark | | LOUISIANA | |
| COLOR | B | AGE | 60 | BIRTHPLACE | | E.D. | 15 |
| | | | | | | SHEET | 6 |
| COUNTY | | | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Melie | | W | 40 | | | | |
| Bessie | | D | 16 | | | | |
| Paul | | S | 14 | | | | |
| Beaula | | D | 13 | | | | |
| Mabel | | D | 11 | | | | |
| Percy | | S | 10 | | | | |
| Avery | | S | 8 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Father | D | 5 | |
| Artie | D | 5 | |
| Mary | D | 12 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10-636a (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-10100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L155 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leautonnere Cla | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 133 | 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neshe Adams | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 12 | Tex | | 117 | 21 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Richland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| James, Alexander | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 15186-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 4153 | | NAME OF INDIVIDUAL
<i>Lapointe, Clemm</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>31</i> | BIRTHPLACE | | E.D.
<i>21</i> | SHEET
<i>25</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafayette</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Bodoin, Elsie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|--|------------------|---|--|---|-----------|
| 455 | | NAME OF INDIVIDUAL
<i>Leautonnori Columbo</i> | | E.O. | SHEET |
| COLOR
<i>B</i> | AGE
<i>20</i> | BIRTHPLACE | | <i>33</i> | <i>38</i> |
| COUNTY
<i>Vermillion</i> | | CITY | | | |
| ENUMERATED WITH
<i>Weshe Ada</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>A</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMP-DC 1910B-P61

| | | | | | |
|-------------------------|---------|----------------|------|------------|----|
| LIS 2 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 34 | BIRTHPLACE | 73 |
| COUNTY | Lincoln | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 30 | | |
| Eust | | S | 12 | | |
| Lavin | | S | 10 | | |
| Lina | | S | 2 | | |
| Harry | | S | 6 | | |
| Ernest | | S | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|---------------------|------------|-----------|-------|
| L-53 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mr | 36 | Lapointe Ramonville | | 142 | 22 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Elizabeth | W | 32 | | | |
| Harry | S | 9 | | | |
| Salomon | S | 6 | | | |
| Leazy | D | 4 | | | |
| John | S | 2 | | | |
| Leola | S | 1/2 | | | |
| | | | | | |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| 452 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | 11 | | 14 | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Clai borne | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Severastou Jane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>55</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 55 | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| *153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTH PLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mu | 4 | Calcasieu | | 341 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|---|----------------|-----------|------------|-------------------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Livingston, David |
| | | | | Missouri | |
| COUNTY | | | Calcasieu | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Fannie | | W | 24 | Missouri | |
| and one boarder | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 6153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | ER | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| A | 30 | Jeffette, Maria | | 50 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anderson, Mark H | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P81

| | | | | | |
|-------------------------|---|----------------|-----|--------------|-----------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 59 | BIRTHPLACE | Calcasieu |
| | | | | E.D. | 36 |
| | | | | SHEET | 15 |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Trone | | W | 48 | | |
| David H. | | S | 29 | | |
| Richmond | | S | 22 | | |
| Sam | | S | 20 | | |
| Vernon | | S | 18 | | |
| Kenneth | | S | 11 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 115-2 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 19 | E.D. | 14 |
| | | BIRTHPLACE | | SHEET 18 | |
| COUNTY | | Clai borne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mattie | | W | 18 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L153 | | NAME OF INDIVIDUAL
<i>Lapoint Duplanc</i> | | LOUISIANA | |
| COLOR
<i>w</i> | AGE
<i>30</i> | BIRTHPLACE | | E.O.
<i>143</i> | SHEET
<i>20</i> |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Greysboro</i> | | | |
| ENUMERATED WITH
<i>Marceline Duplanc</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 72 | BIRTHPLACE | Living, Cuervo |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| and one Bo. | | | | | |
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FORM 10-436 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|-----------------|------------|-------|
| L 152 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| B | 26 | Living Dupre Jr | 74 | 3 |
| COUNTY | | CITY | | |
| Lafayette | | Lafayette | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Arseneaux, Celeste | W. | 23 | | |
| Jules | 1 | 6 | | |
| Jules | 2 | 3 | | |
| George | 3 | 1 | | |
| Ledia | 4 | 15 | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---------|----------------|------|------------|-------|
| *8152 | | HEAD OF FAMILY | | LOUISIANA | |
| Livingston | | Ebb | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 132 | 19 |
| B | 60 | Ark | | | |
| COUNTY | | | CITY | | |
| <div style="text-align: center;"> With
 OTHER MEMBERS OF FAMILY </div> | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mandy | | W | 45 | Ark | |
| Molly | | D | 20 | Ark | |
| Edd | | S | 18 | Ark | |
| Baker | Mmanuel | SS | 20 | Ark | |
| I | Warttie | SD | 14 | Ark | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--|--|--|-------|
| L153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| Mus | 36 | | | 38 | 7 |
| COUNTY | | CITY | | | |
| Calcasieu | | Lake Charles City | | | |
| ENUMERATED WITH | | | | | |
| Reader, Alfred | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16196-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 38 | Calcasieu | | 34 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H. M. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---------------|------------|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 7153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 26 | BIRTHPLACE | E.D. 74 SHEET 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | Pointe Coupee | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (10-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|--|------|--|------------|--|
| H-152 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| LIVINGSTON | | Edison | | 115 | | 24 | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| brn | 55 | | | | | | |
| COUNTY | | Webster | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Mollie | | W | | 45 | | | |
| L. J. Livingston | | S | | 13 | | | |
| Ella | | S | | 2 | | | |
| E. J. A. | | S | | 16 | | | |
| Robert | | S | | 8 | | | |
| Eula | | S | | 6 | | | |
| Helen | | S | | 2 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------------------|-------------------|-----|------------|
| Livingston G. da | Wife | 7 | |
| 11. 10. 10 | 11. 10. 10 | 5 | |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a 4-20-61

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15198-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| Living Edmond | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 23 | | | | |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sila | | h | 22 | | |
| Turner | | g | 4 | | |
| Louisa | | h | 3 | | |
| Justina | | h | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|--|
| K152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lafonst, Edward P | | E.D. | | SHEET | |
| COLOR | W | AGE | 38 | 22 | |
| BIRTHPLACE | | | | | |
| COUNTY | | CITY | | | |
| Lafourche | | Thibodaux | | | |
| ENUMERATED WITH | | | | | |
| Lafonst, Jules C. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|-----|--------------------|------|-----------|-------|
| 452 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Levanston | | Effie | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 14 | 6 |
| B | 14 | Ark | | | |
| COUNTY | | | CITY | | |
| Clai borne | | | | | |
| ENUMERATED WITH | | | | | |
| Allen Jones | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

| LOUISIANA | | | |
|-------------------------|----------------------------------|-------|------------|
| L 153 | HEAD OF FAMILY
Lavender Elr H | | |
| E.D.
43 | SHEET
6 | | |
| COLOR
W | AGE
36 | | |
| BIRTHPLACE
La. | | | |
| COUNTY
Calcasieu | CITY
De Lumbay | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary C | W | 34 | La |
| Annie M. | D | 9 | Ala |
| Ruth A. | D | 6 | Ala |
| Ruby L. | D | 3 | |
| Edith W. | D | 4 1/2 | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2152 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 68 | Ala | 89 | 10 |
| COUNTY | | | CITY | | |
| Rapid | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary J | | W | 60 | Ala | |
| John A | | S | 25 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---------|--|-------|--|-------|
| 152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Livingston, Elisabeth | | E.D. | | SHEET | |
| COLOR | B | AGE | 7 1/2 | BIRTHPLACE | 56 21 |
| COUNTY | Jackson | | CITY | | |
| ENUMERATED WITH | | | | | |
| Hamilton, Green | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 1818B-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|------------|----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| 2103 | | NAME OF INDIVIDUAL
<i>Lapointe Edison</i> | | LOUISIANA | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>14</i> | BIRTHPLACE | | <i>129</i> | <i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Boulet Carence</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (14-20-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 18108-P61

| | | | |
|-------------------------|----------------|------------|------------|
| LIVINGSTON | | LOUISIANA | |
| L 152 | HEAD OF FAMILY | E.O. | SHEET |
| COLOR | AGE | 40 | 6 |
| B | 33 | BIRTHPLACE | |
| COUNTY | | CITY | |
| East Carroll | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Michael | S | 6 | |
| Margaret | Da | 47 | La |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------------|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Br | | 33 | Washington, D.C. | 40 | 6 |
| COUNTY | East Carroll | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Helbert | | S | 6 | | |
| | | | | | |
| | | | | | |
| 1. Leardo | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|-----------|---|--|---|-------------|
| L 154 | | NAME OF INDIVIDUAL
<i>Le Briel Elvira</i> | | E.O.
36 | SHEET
32 |
| COLOR
B | AGE
56 | BIRTHPLACE | | | |
| COUNTY.
Calcasieu | | CITY
<i>Lake Charles</i> | | | |
| ENUMERATED WITH
<i>Le Briel Mary</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 6 | E.D. | 21 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | Elsa | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | Lafayette | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bodoin, Elsi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18199-P61

| | | | | | |
|--|------------------|--|--|-------------------|-------------------|
| L153 | | NAME OF INDIVIDUAL
<i>Lafont Emelie</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>17</i> | BIRTHPLACE
<i>V</i> | | E.D.
<i>48</i> | SHEET
<i>7</i> |
| COUNTY
<i>Lafourche</i> | | CITY | | | |
| ENUMERATED WITH
<i>Lafont Ernest</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;"><i>3-D</i></div> </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16103-P61

| | | | | | |
|---|---|--------------------|-----------|------------|------------------|
| 5/53 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | E.D. 48 SHEET 12 |
| COUNTY | | | Lafourche | CITY | |
| ENUMERATED WITH | | | | | |
| Sister Loretta | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input checked="" type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | |
|-------------------------|-----------|----------------|-------------|--------------|------------|
| L153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | NAME | Jawent Emma | | E.D. SHEET |
| | | AGE | 37 | BIRTHPLACE | 36 17 |
| COUNTY | Calcasieu | | CITY | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Mable | D | 6 | | |
| 2 | Raymond | S | 18 | | |
| 1 | Katie A | D | 16 | | |
| 1 | Florence | S | 13 | | |
| 4 3 boarders | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|--|
| L156 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lebanner, Emma | | E.D. | | SHEET | |
| 10 | | 18 | | | |
| COLOR | W | AGE | 26 | BIRTHPLACE | |
| COUNTY | | Acadia | | CITY | |
| Acadia | | Crowley | | | |
| ENUMERATED WITH | | Siger Octave A. | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> AUNT
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 15198-P61

| | | | | | |
|--|-----|--|--|--|--|
| 152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Living, Colanne | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 2 | | | | |
| COUNTY | | CITY | | | |
| Lafayette | | | | | |
| ENUMERATED WITH | | Babineaux, Adam | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 5152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 16 | | | 13 | 16 |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| ENUMERATED WITH | | | | | |
| Frank, Alexis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WOOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L153 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 65 | | | 48 |
| COUNTY | | SHEET | | |
| Lafourche | | 7 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alma | D | 24 | | |
| Leo | S | 28 | | |
| Bragins | D | 20 | | |
| Jada | S | 35 | | |
| Ellie | S | 15 | | |
| Uphut | G-C | 10 | | |
| Roman | G-C | 6 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|------|------------|
| Morine | G-C | 2 | |
| William | G-C | 7/12 | |
| Emelia | S-D | 17 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE: 1910

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| L153 | NAME OF INDIVIDUAL
<i>Wash. Stiel</i> | | E.D.
50 | SHEET
2 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Wm</i> | AGE
15 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Barville</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Jackson, Walter</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S-D</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S-D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S-D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18198-P61

L154

LOUISIANA

| | | | | | |
|-------------------------|------------|--------------------------------|------|------------|-----------|
| 157 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | <i>Levent Eugene Per Fader</i> | | <i>107</i> | <i>26</i> |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>W</i> | <i>36</i> | <i>France</i> | | | |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>And 1 Companion</i> | | | | | |
| <i>1 Boarder</i> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS


| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 154 | | NAME OF INDIVIDUAL
<i>Le Briel Eugene</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>22</i> | BIRTHPLACE | | E.O.
<i>36</i> | SHEET
<i>32</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Lake Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Le Briel Mary</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)
<i>B</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)
<i>B</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)
<i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 453 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mu | | 23 | | 101 | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Tammany | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laurent, Pauline | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: right;">  </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--|--|--|-------|
| 4152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| mn | 7 | Livingston Harris | | 30 | 10 |
| COUNTY | | CITY | | | |
| Clai borne | | | | | |
| ENUMERATED WITH | | | | | |
| Livingston Marshall | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| 5/153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 4 | AGE | 45 | BIRTHPLACE | St. Louis |
| COUNTY | | City | | Monroe | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Howard | | S | 20 | | |
| Catherine | | D | 18 | | |
| Adam | | D | 15 | | |
| Lillian | | D | 11 | | |
| Helen | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|----|
| 154 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lafourche, Felicite | | E.D. | | SHEET | |
| COLOR | W | AGE | 45 | 38 | 22 |
| BIRTHPLACE | | | | | |
| COUNTY | | CITY | | | |
| Lafourche | | Thibodaux | | | |
| ENUMERATED WITH | | Lafourche, Jules C. | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
di | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| L-53 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Levonia, Ark |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Stella | | W | 21 | | |
| Penning | | S | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 4152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| man | 7 | Livingston Frances | | 30 | 9 |
| COUNTY | | CITY | | | |
| Clai borne | | | | | |
| ENUMERATED WITH | | | | | |
| Livingston Marshall | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC104-DC 18108-P61

| | | | | | |
|-------------------------|---------|----------------|-----|------------|------------------|
| 7153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | Lapoint, Francis |
| COUNTY | | Vermillion | | CITY | Greysdan |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lucille | W | 40 | | |
| | Emile | S | 22 | | |
| | Aratia | D | 16 | | |
| | Joseph | S | 14 | | |
| | Maria | D | 13 | | |
| | Nolia | D | 11 | | |
| | Louise | D | 8 | | |

FORM 10-536 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-------|--------------|------|------------|
| Grey | S | 5 | |
| Sadey | S | 4 | |
| Amika | S | 5/12 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a 14-20-811

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - FAMILY (Continued)

DISCONTINUED 1919B-1-61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 38 | | 59 | 17 |
| COUNTY | | | CITY | | |
| St. Bernard | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 23 | | |
| Paul | | M | 20 | | |
| Guartriges, Victoria M | | | 59 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L152 | NAME OF INDIVIDUAL
Loving Frank |
| E.D.
149 | SHEET
13 |
| COLOR
B | AGE
1 |
| BIRTHPLACE | |
| COUNTY
West Feliciana | CITY |
| ENUMERATED WITH
Calwell Luke | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 18100-P81

| LOUISIANA | | | |
|-------------------------|------------------|------------|------------|
| 2-152 | HEAD OF FAMILY | | E.D. SHEET |
| | Livingston Frank | | 715 7 |
| COLOR | AGE | BIRTHPLACE | |
| B | 31 | | |
| COUNTY | Webster | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| John | H | 29 | |
| Marie | D | 4 | |
| Leotis | S | 8 | |
| son | S | 6 | |
| Frank | S | 4 | |
| Marie | S | 2 | |
| Cora | D | 19 | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|---|-------------|-------------|
| L152 | NAME OF INDIVIDUAL
Livingston Frank | | E.D.
124 | SHEET
13 |
| COLOR
W | AGE
18 | BIRTHPLACE | | |
| COUNTY
St. Martin | | V. Martinville | | |
| ENUMERATED WITH
Jewel A.P. | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|----------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 5-2 | Lafance, Frank | | 65 | 8 |
| mu | 26 | | | |
| COUNTY | Plaquemines | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | W | 31 | | |
| Eva | D | 10 | | |
| Charles | S | 7 | | |
| Frank Jr | S | 2 | | |
| Joseph | S | 6 | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|----------------------------|--|----------------------------|--------------------|
| K 153 | HEAD OF FAMILY
<i>Lopunta Frank</i> | | E.O. SHEET
29 9 |
| COLOR
<i>W</i> | AGE
45 | BIRTHPLACE
<i>Italy</i> | |
| COUNTY
<i>Jefferson</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Victoria</i> | <i>W</i> | <i>28</i> | <i>Italy</i> |
| <i>Cassule</i> | <i>D</i> | <i>13</i> | |
| <i>Joe</i> | <i>S</i> | <i>9</i> | |
| <i>Platen</i> | <i>D</i> | <i>12</i> | |
| <i>Shirley</i> | <i>S</i> | <i>8</i> | |
| <i>Musta</i> | <i>S</i> | <i>5</i> | |
| <i>Libusta</i> | <i>S</i> | <i>3</i> | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|------------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 5154 | | NAME OF INDIVIDUAL | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafonille Frank | | | | 12 | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Iberia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| James Willie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16108-P61

| | | | | | |
|--|-----|---|--|---|--|
| X155 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Luffman, Frank | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 104 21 | |
| W | 30 | Tenn. | | | |
| COUNTY | | CITY | | | |
| Ouachita | | Monroe | | | |
| ENUMERATED WITH | | | | | |
| E. Ross, Nora | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> LABORER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC044-NC 16199-P61

| | | | | | |
|--|---|----------------|------|------------|--|
| X 152 | | HEAD OF FAMILY | | LOUISIANA | |
| Levine, Frazer A | | E.D. 39 | | SHEET 11 | |
| COLOR | W | AGE | 38 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| <div style="text-align: center;"> <i>David</i>
 OTHER MEMBERS OF FAMILY </div> | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Hannie | | W | 35 | | |
| Robert F. | | S | 7 | | |
| Ella | | D | 6 | | |
| Burton | | S | 4 | | |
| Lizzie M. | | D | 3.2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L 152

| | | | |
|-------------------------|--------------|-----------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | E.D. | SHEET |
| W | 27 | 139 | 10 |
| BIRTHPLACE | | | |
| COUNTY | | CITY | |
| Vermillion | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Matilda | W | 25 | |
| Louise | S | 4 | |
| Marie | D | 2 | |
| | | | |
| | | | |
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| | | | |

FORM 10-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 2/63 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| w | | 51 | | 14 | 3 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lidia | | w | 40 | | |
| Edoliva | | D | 14 | | |
| Gules | | S | 18 | | |
| Florence | | D | 13 | | |
| | | | | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|---|------------|
| 4152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 25 | BIRTHPLACE | Clai borne |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Stevenson W Henry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
H.M. | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P41

| | | | | | |
|-------------------------|--------------|-------------------|------------|-----------|-------|
| 452 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 63 | Livingston George | | 30 | 4 |
| COUNTY | | CITY | | | |
| Clai borne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Frances | W | 50 | | | |
| Robert | S | 25 | | | |
| Georgia | D | 20 | | | |
| Noble | D | 18 | | | |
| Fannie | D | 17 | | | |
| Lillie | D | 15 | | | |
| Ed | S | 12 | | | |

FORM 18-636 (4-20-61)
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTIN

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | | FAMILY RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------|---------------------|-----|------------|
| Bennett | Arthur | n | 18 | |
| 1 | Euliza | w | 15 | |
| | | | | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY NAME

U.S. DEPT.

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15C0144-DC 1510B-P01

| | | | | | |
|-------------------------|--------------|----------------|------------|------------------|-------------------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | Livingston George |
| COUNTY | St. Martin | | CITY | St. Martinsville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Laurence | W | 29 | | | |
| Leone | D | 8 | | | |
| Uldan | D | 4 | | | |
| Matthe C | D | 2 | | | |
| Helma | D | 1 | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|------|------------|-------------------|
| K15-2 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Livingston George |
| COUNTY | Sabine | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|----------------|------------|--------|
| L. 5-3 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | George |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 34 | | |
| Agilda | | D | 5 | | |
| Berice | | D | 3 | | |
| Nolia | | D | $\frac{4}{12}$ | | |
| Hankus, Cornezia | | NI | 9 | | |
| Wickley, Clattie | | NI | 19 | | |
| Hankus, Wilice | | N | 21 | | |

FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------------|
| 8156 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | Le Bangerie, Geo. J. |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Septima | | W | 24 | | |
| Alcide A | | S | 18 | | |
| Angel | | D | 14 | | |
| Georgette | | D | 12 | | |
| Alcee | | S | 4 | | |
| Rose W. | | D | 2 | | |

FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|------------------|--|-----------|----|
| 5152 | | HEAD OF FAMILY | | Livingston Geo P | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | | E.D. | 86 |
| | | | | | | SHEET | 14 |
| COUNTY | | | | St. Helena | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Ladda R | | W | 28 | | | | |
| Owada | | D | 12 | | | | |
| Carl | | S | 10 | | | | |
| Thurston | | S | 8 | | | | |
| Velma | | D | 6 | | | | |
| Audie L | | S | 4 | | | | |
| Baby | | D | 2 | | | | |

FORM 16-536 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| L153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 53 | BIRTHPLACE | Lafontaine Huston |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Fannie | | W | 46 | | |
| Clementine | | D | 14 | | |
| Curley | | S | 10 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|-------------------|
| L/53 | | NAME OF INDIVIDUAL
<i>Laurens H. Hellen</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>16</i> | BIRTHPLACE | | E.D.
<i>116</i> | SHEET
<i>6</i> |
| COUNTY
<i>Richland</i> | | CITY | | | |
| ENUMERATED WITH
<i>Mathews Williams</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 61 | E.D. | 14 |
| | | BIRTHPLACE | | SHEET 2 | |
| COUNTY | | Clai borne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Linda | | W | 44 | | |
| Missouri | | d | 12 | | |
| Mary | | d | 15 | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (6-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS


| | | | | | |
|-----------------------|--|---|--|-----------|-------|
| L153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 19 | | 60 | 15 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Bernard | | CITY | |
| ENUMERATED WITH | | Morales Sergio | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center; font-size: 2em;">C</div> </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

| | | | | | |
|---|--|---|--|--|-------|
| L153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| W | | 53 | | 60 | 15 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Bernard CITY | | | |
| ENUMERATED WITH | | Morales Diego | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input checked="" type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
 | |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P01

| | | | | | |
|--|-----|---|------|--|-------|
| R153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mm | 12 | Laband Herbert | | 33 | 19 |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | | | |
| ENUMERATED WITH | | | | | |
| Howard Miller | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | |
|--|--|---|--|--|--|
| 2152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR B | | AGE 20 | | BIRTHPLACE | |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | Guy, Dave | | Villie Platte | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Bo. | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| L156 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lebanner | | Hilton | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 4 | 10 | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acadia | | | Crowley | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sigur Octave A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Companion</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Companion | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Companion | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 24 | E.D. | 14 |
| | | BIRTHPLACE | | SHEET 6 | |
| COUNTY | | Clai borne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Miller | | S | 6 | | |
| Cleveland | | S | 4 | | |
| Wallis | | d | 3 | | |
| H. W. | | | | | |
| Meadows Pump | | H.W. | 24 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|----------|------------|---|
| 4152 | | HEAD OF FAMILY | | LOUISIANA | |
| Living, Hazona | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 73 | 5 |
| COUNTY | Lafayette | | CITY | | |
| | | | Carencro | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Berthance | | S | 22 | | |
| Angela | | D | 17 | | |
| Elodie | | D | 16 | | |
| Amy | | D | 15 | | |
| Walter | | G-S | 6 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|--|--------------------|-------------------------|-----------|-------|
| 8152 | NAME OF INDIVIDUAL | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | |
| B | 26 | Livingston Horace 48 16 | | |
| COUNTY | | CITY | | |
| Calcasieu | | | | |
| ENUMERATED WITH | | | | |
| Lily Octave | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;">ho</div> </div> </div> | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P81

| 153 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|------------|----------------|-----|------------|--|
| E.D. | | SHEET | | | |
| 121 | | 54 | | | |
| COLOR | W | AGE | 27 | BIRTHPLACE | |
| COUNTY | St. Landry | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rita | | W | 27 | | |
| Manual | | D | 1 | | |
| Millie | | B | 25 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 5153 | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lafont Howard | | 48 | 42 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafourche | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wife Elveto | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G. C. L. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|--|--|---|------------|-----------|-------|
| R152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 8 | | 149 | 13 |
| COUNTY | | | CITY | | |
| West Feliciana | | | | | |
| ENUMERATED WITH | | | | | |
| Calwell Luke | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |
| SD | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

| | | | | | |
|--|------------------|---|------|--|--------------------|
| 2152 | | NAME OF INDIVIDUAL
<i>Livingston Ida</i> | | LOUISIANA | |
| COLOR
<i>M</i> | AGE
<i>24</i> | BIRTHPLACE | | E.D.
<i>115</i> | SHEET
<i>27</i> |
| COUNTY
<i>Webster</i> | | | CITY | | |
| ENUMERATED WITH
<i>Livingston brass</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Si</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

DOCUMENT 10106-P01

| <i>Lisa</i>
HEAD OF FAMILY | | <i>Livingston, Isaac</i>
BIRTHPLACE | | LOUISIANA
E.D. | | SHEET | |
|-------------------------------|-----------------|--|-----------|-------------------|--|-----------|--|
| COLOR
<i>B</i> | | AGE
<i>69</i> | | <i>21</i> | | <i>26</i> | |
| COUNTY
<i>Lafayette</i> | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | <i>Mary</i> | <i>W</i> | <i>56</i> | | | | |
| | <i>Vittoria</i> | <i>D</i> | <i>19</i> | | | | |
| | <i>Agnes</i> | <i>D</i> | <i>17</i> | | | | |
| | <i>Lucie</i> | <i>D</i> | <i>15</i> | | | | |
| | <i>Freeman</i> | <i>S</i> | <i>13</i> | | | | |
| | <i>Harold</i> | <i>D</i> | <i>11</i> | | | | |
| | <i>Lily</i> | <i>D</i> | <i>23</i> | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|------------------|
| L 153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 14 | BIRTHPLACE | E.D. 71 SHEET 25 |
| COUNTY | | Lafayette | | CITY | |
| ENUMERATED WITH | | | | | |
| Bodoin, Elai | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| Livingston, Laish | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 32 | Miss | | | |
| COUNTY | | CITY | | | |
| Concordia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J.C. McEwen Lewis Camp | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|-----------------|-----|-------------------|--|
| 2155 | | HEAD OF FAMILY | | LOUISIANA | |
| Lippman Isidore | | E.D. | | 37 5 | |
| COLOR | W | AGE | 41 | BIRTHPLACE | |
| | | Pruissia German | | | |
| COUNTY | | Concordia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jeanie | | W | 32 | Pruissia - German | |
| Lillian | | D | 12 | | |
| Sadie | | D | 10 | | |
| Berne | | D | 6 | | |
| Maurice | | S | 3 | | |
| Bernstein Rudolph | | C | 17 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|------------|--|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L156 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lebanner, Isidore J. | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 32 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Acadia | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Crowley | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Siger, Octave a | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPM-DC 15105-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| 2-153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | E.O. | 144 |
| | | BIRTHPLACE | | SHEET | 16 |
| COUNTY | | West Carroll | | CITY | |
| | | | | Oak Grove | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lis alone | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 40 | | 44 | 24 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cedars | | W | 38 | | |
| Winnie | | D | 16 | | |
| Earl | | S | 13 | | |
| Culpernie | | D | 10 | | |
| | | | | | |
| | | | | | |
| | | | | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| P152 | | HEAD OF FAMILY | | LOUISIANA | |
| Lesington James | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 8 | 51 | | | | |
| COUNTY | | CITY | | | |
| Bossier | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Henrietta | | W | 44 | | |
| Edward C | | S | 11 | | |
| Iverson L | | D | 7 | | |
| A. B. | | S | 5 | | |
| Therrie | | S | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 0153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | ED. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mu | | 5 | | 34 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Calcasieu | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dillon, Joseph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

| | | | | LOUISIANA | |
|--|--|--------------------|--|-----------|-------|
| L.S.3 | | NAME OF INDIVIDUAL | | E.D. | SHEET |
| COLOR | | AGE | | 117 | 21 |
| B | | 17 | | | |
| | | BIRTHPLACE | | | |
| | | Ala | | | |
| COUNTY | | Richland | | CITY | |
| | | | | | |
| ENUMERATED WITH | | | | | |
| Jones, Alexander | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center; margin-top: 10px;">55</div> </div> </div> | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16100-P61

| LOUISIANA | | | |
|-------------------------|-----------------|----------------|----------|
| L153 | HEAD OF FAMILY | | E.D. 116 |
| | Levinson, James | | SHEET 9 |
| COLOR B | AGE 35 | BIRTHPLACE Ala | |
| COUNTY Richland | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| Florence | | W | 28 |
| James A | | S | 10 |
| Kathleen | | D | 8 |
| Lottie | | D | 6 |
| Nattie | | D | 3 |
| William | | S | 2 |
| Lacy | | S | 5/2 |
| BIRTHPLACE | | | |
| | | D.C. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| 1 Lemack | SON | 14 | Ala |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15106-P61

LOUISIANA

| | | | | |
|-------------------------|-----------------|--------------|------|------------|
| L152 | HEAD OF FAMILY | | E.D. | SHEET |
| | Loring James A. | | 87 | 22 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 61 | | | |
| COUNTY | | CITY | | |
| Natchitoches | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Martha J. | | W | 62 | ky |
| 1 B. | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|---|--|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 153 | NAME OF INDIVIDUAL
Tarrant James | | E.D. 97 SHEET 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
TB | AGE
65 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Morehouse | Morehouse | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Anderson Jas | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15COHM-DC 19109-P61

LOUISIANA

LOUISIANA

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|---|--|--|------------|-------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 452 | NAME OF INDIVIDUAL
<i>Living Jean</i> | | E.O.
74 | SHEET
14 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
24 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>B</i> | Lafayette | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Babineaux, Adam</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15195-P61

LOUISIANA

| | | | | | | | |
|-------------------------|----------------|-----------------|-----|------------|----|-------|---|
| 2152 | HEAD OF FAMILY | Levanston Jaddy | | E.D. | 14 | SHEET | 6 |
| COLOR
B | AGE
30 | BIRTHPLACE | | | | | |
| COUNTY | | Clai borne | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Henry | | S | 10 | | | | |
| Willie | | S | 7 | | | | |
| Jesse | | d | 5 | | | | |
| Dawson | | d | 1 | | | | |
| Miller Mary | | H.W. | 30 | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|------------------------------|--------------------------------|-----------|------------|
| L155 | HEAD OF FAMILY <i>Johnston</i> | | |
| E.D. <i>48</i> | SHEET <i>26</i> | | |
| COLOR <i>B</i> | AGE <i>26</i> BIRTHPLACE | | |
| COUNTY <i>East Feliciana</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Stacy</i> | <i>W</i> | <i>24</i> | |
| <i>Lea</i> | <i>F</i> | <i>3</i> | |
| <i>James</i> | <i>S</i> | <i>12</i> | |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|--------------------|-----------|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Sabennia Jefferson | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| M | 54 | La | | | |
| COUNTY | | | CITY | | |
| St. Mary | | | Jefferson | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Isabella | | W | 52 | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|----------------|--|------------|--|
| L152 | | HEAD OF FAMILY | | Livingstoniana | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 56 | | Miss | | 1045 | |
| COUNTY | | | | St. Tammany | | CITY | |
| | | | | Thidell | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Joseph | | S | | 32 | | Miss | |
| Cephelia | | D | | 23 | | | |
| Formica Josephine | | D | | 28 | | | |
| Christopher | | SL | | 37 | | | |
| Laura | | MS | | 5 | | | |
| Jesse | | SD | | 2 | | | |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| 452 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| B | | 39 | | 14 | |
| BIRTHPLACE | | Clai borne | | SHEET | |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | | W | 39 | | |
| Ada | | d | 6 | | |
| Prentice | | 5 | 4 | | |
| Retha | | d | 1 | | |
| Bennie | | 55 | 18 | | |
| Willie | | 55 | 12 | | |
| Dawie | | 55 | 11 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------|--------------------|--|-----------|--|
| 2152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Levenston Jr | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 13 | 19 | Ctai borne | | | |
| COUNTY | CITY | | | | |
| ENUMERATED WITH | | | | | |
| Randolph Anderson | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>55</u> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

PRODUCT OF

Hamming's Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
CHANGES EVERYWHERE

Soudex
QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

| | | | | LOUISIANA | |
|-------------------------|--------------------|--------------|----------------|------------|---------|
| L152 | HEAD OF FAMILY | | Lennings, John | | E.D. 53 |
| COLOR B | AGE 26 | BIRTHPLACE | | | |
| COUNTY Calcasieu | CITY Jennings Town | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Aljina | | w | 55 | | |
| Angie | | D | 20 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|-------------|
| 452 | | NAME OF INDIVIDUAL
<i>Livingston John</i> | | E.O.
97 | SHEET
33 |
| COLOR
<i>Wm</i> | AGE
<i>25</i> | BIRTHPLACE | | | |
| COUNTY | | Morehouse | | CITY | |
| ENUMERATED WITH
<i>Wadey William</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | | LOUISIANA | |
|-------------------------|------------------------|--------------|-------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| L152 | Livingston, John Henry | | 19 | 16 | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 60 | Miss | | | |
| COUNTY | | CITY | | | |
| Iberia | | New Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 56 | Ala. | |
| Joseph E. | | S | 25 | | |
| Lula Nellie | | D | 18 | | |
| Anthony J. | | S | 13 | | |
| Brown Ella | | D | 33 | | |
| John C. | | S | 9 | | |
| Lynne | | S | 3 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-----------------------------|---|----------------------------|--------------------|-------------------|
| L 153 | HEAD OF FAMILY
<i>Lavender John M.</i> | | E.D.
<i>108</i> | SHEET
<i>1</i> |
| COLOR
<i>W</i> | AGE
<i>29</i> | BIRTHPLACE
<i>Levee</i> | | |
| COUNTY
<i>St. Landry</i> | | CITY
<i>Melville</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>living alone</i> | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | |
|-------------------------|----------------|--------------|---------------|------------|------|-------|
| L152 | HEAD OF FAMILY | | Loring John W | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | | |
| W | 53 | MISS | | | | |
| COUNTY | | Natchitoches | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Melissa A | | W | 54 | MISS | | |
| | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|--------------|------------|--|
| 5152 | | HEAD OF FAMILY | | LOUISIANA | |
| Livingston, Joseph | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 41 | | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | Lake Charles | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 27 | | |
| Melina | | N | 11 | | |
| Joseph, Jr | | S | 6 | | |
| Lillian | | N | 2 | | |
| Harris | | S | 5/2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L152 | NAME OF INDIVIDUAL | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>Bellevue Joseph</i> | 102 | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>nu</i> | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>St. Landry</i> | <i>Opelousas</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>Harrison Mary</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>ad</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 39 | Sp 1 | 49 | 11 |
| COUNTY | | | CITY | | |
| Plaquemines | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Isabelle | | W | 25 | | |
| Mollie | | S | 12 | | |
| Matilda | | D | 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-------------|------------|-------|
| 2155 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTH PLACE | E.O. | SHEET |
| W | | 34 | | 110 | 5 |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 33 | | |
| Henry | | S | 12 | | |
| Sidney | | S | 11 | | |
| Helen | | S | 9 | | |
| Willie | | S | 6 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-152 | NAME OF INDIVIDUAL
<i>Lovens Josip</i> | | E.D.
144 | SHEET
12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
35 | BIRTHPLACE
<i>Austria - Slav.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>West Carroll</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Cyball Ludwik</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 6152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 24 | | 55 | | 38 | 22 |
| COUNTY | | CITY | | | |
| Lafourche | | Thibodaux | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edward P. | | B | 60 | | |
| Felicite | | Si | 45 | | |
| Mary | | Si | 40 | | |
| Sage, Germania | | ni | 11 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|-----------------|-----|------------|-------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| Man | 45 | Livinge, Julian | | 10 | 16 |
| COUNTY | | CITY | | | |
| Acadia | | Crowley | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anet | | W | 40 | | |
| Jennie | | D | 16 | | |
| Edmonia | | D | 12 | | |
| Chrom | Marcella | M.L. | 52 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----------|------------|----|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 68 | E.D. | 74 |
| | | BIRTHPLACE | | SHEET | 3 |
| COUNTY | | | Lafayette | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lamonde | | W | 63 | | |
| Lena | | S | 30 | | |
| Ludovic | | S | 2 | | |
| Arnette | | W | 17 | | |
| Alexander | | S | 15 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|----------------|------------|-------|
| L 152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 29 | | 105 | 3 |
| COUNTY | | | CITY | | |
| St. Landry, | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Romaine | | w | 28 | | |
| Rebecca | | D | 8 | | |
| Dalton | | S | 7 | | |
| Arkins | | S | 5 | | |
| Evelyn | | D | 2 | | |
| Albert | | S | $\frac{4}{10}$ | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------------|-------------------|------------|-------|
| 2153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 68 | Lafayette, Louisiana | | 38 | 7 |
| COUNTY | | | CITY | | |
| | | | Lake Charles City | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-----------------------|-----|------------|-------|
| R152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 48 | Livingston, Kilgore B | | 53 | 12 |
| COUNTY | | CITY | | | |
| Calcasieu | | Hennepin Iowa | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annie | | W | 49 | | |
| Bernice | | W | 19 | | |
| Annie | | W | 16 | | |
| Esther | | W | 13 | | |
| Clarence | | W | 9 | | |
| Edna | | W | 5 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L. 52 | | NAME OF INDIVIDUAL
<i>Labbons, Kellil</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>H</i> | AGE
<i>21</i> | BIRTHPLACE
<i>Syria</i> | | E.D.
<i>78</i> | SHEET
<i>26</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Rapides</i> | | CITY
<i>Alexandria</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Plunkett, Joseph H</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19105-P01

| | | | | | |
|--|---|--------------------|----|------------|-----------------|
| 453 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 17 | BIRTHPLACE | E.D. 4 SHEET 53 |
| COUNTY | | Acadia | | CITY | |
| ENUMERATED WITH | | | | | |
| Launbrecker, Henry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

6152

HEAD OF FAMILY

LOUISIANA

COLOR B

AGE 41

BIRTHPLACE

E.D. 10

SHEET 37

COUNTY Assumption

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Thelma | S | 16 | |
| Luxmy | S | 15 | |
| Rachel | D | 13 | |
| Tranne | D | 10 | |
| Florence | D | 7 | |
| Tommy | S | 6 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|--|--|------------------------|-------------------|--------------------|
| L152 | NAME OF INDIVIDUAL
<i>Living Lawrence</i> | | LOUISIANA | |
| COLOR
<i>MW</i> | AGE
<i>14</i> | BIRTHPLACE | E.D.
<i>10</i> | SHEET
<i>25</i> |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | |
| ENUMERATED WITH
<i>Collins Mary</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Cousin</i> </div> </div> | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-PC1

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 2000 | AGE | 34 | BIRTHPLACE | 92 30 |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| John | H | 32 | | | |
| John | S | 12 | | | |
| John | S | 11 | | | |
| John | S | 8 | | | |
| John | S | 6 | | | |
| John | S | 3 | | | |
| John | S | 6/12 | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|---------------|
| 2153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | Lafayette, La |
| COUNTY | | CITY | | E.D. | SHEET |
| | | Lafayette | | 48 | 19 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Eveline | W | 25 | | | |
| Armatill | S | 8 | | | |
| Lamorne Jr | S | 6 | | | |
| Marselline | D | 4 | | | |
| Hector | S | 2 1/2 | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|---------------------|
| 2155 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | Lafayette, Lawrence |
| E.D. | | 110 | | SHEET 5 | |
| COUNTY | | | Terrebonne | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 46 | | |
| Mabel | | D | 15 | | |
| Eunice | | S | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|------|--|-----|
| L155 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 11 | E.D. | 110 |
| | | BIRTHPLACE | | SHEET 19 | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| ENUMERATED WITH | | | | | |
| Powers, Augustus | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16166-P61

| | | | | | |
|--|------------------|--|------|-------------------|--------------------|
| L153 | | NAME OF INDIVIDUAL
<i>Lerent Leav</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>12</i> | BIRTHPLACE | | E.D.
<i>27</i> | SHEET
<i>21</i> |
| COUNTY | | | | | |
| CITY | | | CITY | | |
| ENUMERATED WITH
<i>Ledoux Edward</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 15105-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L152 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 20 | Tex | 60 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caddo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Williams Ben | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> SON</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> SON | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> SON | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1919-P-1

| | | | | | |
|-------------------------|--------------|-----------------|------------|-----------|-------|
| 5/52 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 35 | Livingston, La | | 73 | 6 |
| COUNTY | | CITY | | | |
| Lincoln | | Simmons Village | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Clara | W | 27 | | | |
| Corinthus | S | 9 | | | |
| Calomus | S | 7 | | | |
| Brook | S | 6 | | | |
| Lou B | S | 5 | | | |
| Earliest | S | 3 | | | |
| Larmon | S | 7/12 | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|--|
| 453 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Larent, Leon | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| mu | 19 | | | | |
| COUNTY | | CITY | | | |
| St. Tammany | | | | | |
| ENUMERATED WITH | | Larent, Pauline | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 1816B-P41

| | | | | | |
|--|---|--|------|--|----|
| 2152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 4 | E.D. | 74 |
| | | BIRTHPLACE | | SHEET 74 | |
| COUNTY | | | CITY | | |
| Lafayette | | | | | |
| ENUMERATED WITH | | | | | |
| Babineaux, Adam | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UOCOMM-DC 16100-P61

| | | | | | | | |
|-------------------------|---|----------------|----|------------------|---------|------------|----|
| 1152 | | HEAD OF FAMILY | | Livingston, Levi | | LOUISIANA | |
| COLOR | B | AGE | 65 | BIRTHPLACE | Lincoln | E.D. | 72 |
| | | | | | | SHEET | 8 |
| COUNTY | | Lincoln | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Rosetta | | H | | 64 | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|--------------|
| 8-53 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | Me | AGE | 29 | BIRTHPLACE | Lapointe, La |
| COUNTY | Vermillion | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Arcey | W | 21 | | |
| | Roosevelt | S | 6 | | |
| | Hannville | S | 5 | | |
| | Rooseville | D | 3 | | |
| | | | | | |
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FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|--------------------|------------|-----------|-------|
| 2153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 12 | Leville | 23 | 19 |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| ENUMERATED WITH | | | | | |
| Frederick Eldie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
adopted child | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

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|---|--|--|------|-----------|--|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 14 | Laurens, La. Ark | 116 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Highland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laurens, James | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-537 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|------------|--------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 952 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loving Lotte | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 19 | BIRTHPLACE | 107 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Tangipahoa | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| KENTWOOD | | Stuckland John | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>ENUMERATED WITH</p> <p>RELATIONSHIP TO ABOVE</p> <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

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|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|---|--|--|
| 715-3 | | NAME OF INDIVIDUAL
<i>Laventure, Louis</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>77</i> | BIRTHPLACE | | E.O.
<i>99</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Mary</i> | | CITY
<i>Lerwick</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Chelik, D. J.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 54 | Lahingang Loner | | 102 | 11 |
| COUNTY | | CITY | | | |
| St. Paul | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Elizabeth | | W | 39 | Miss | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------|------------|-------|
| 2152 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. |
| B | 36 | Larange, Louis | | 153 |
| COUNTY | | CITY | | SHEET |
| St Landry | | | | 35 |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louisa | W | 34 | | |
| Mary | d | 16 | | |
| Joseph | s | 14 | | |
| Bessie | s | 12 | | |
| Louis | s | 10 | | |
| Anna | d | 8 | | |
| Ira | s | 6 | | |

FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|--|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 12 | | 48 | 19 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafourche | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafont Marceline | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diaphan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16105-P61

| | | | | | |
|--|-----|---|--|--|-------|
| L152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Livingston | | Louise | | E.D. | SHEET |
| COLOR | AGE | BIRTH PLACE | | 126 | 13 |
| W | 47 | | | | |
| COUNTY | | CITY | | | |
| St. Martin | | St. Martinville | | | |
| ENUMERATED WITH | | | | | |
| Jewel | | J.P. | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
W | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 455 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 11 | | | 110 | 17 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Terrebonne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barrilleau, Myrtle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | |
|--|--|---|-------------|---|-------|
| 4152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTH PLACE | E.D. | SHEET |
| W | | 32 | Lafayette | 70 | 32 |
| COUNTY | | | CITY | | |
| Lafayette | | | Lafayette | | |
| ENUMERATED WITH | | | | | |
| Williams, Lucy | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15COTM:DC 15109-P61

| | | | | | |
|--|--|---|-------------|-----------|-------|
| 2152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mu | 16 | Lavenge Lucille | | 19 | 3 |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | Baton Rouge | | |
| ENUMERATED WITH | | | | | |
| Burton Katherine | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WOMAN | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18198-P81

| | | | | | |
|---|-----------------|---|--|--|--------------------|
| L 152 | | NAME OF INDIVIDUAL
<i>Lebanche, Lucy</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>9</i> | BIRTHPLACE | | E.O.
<i>3</i> | SHEET
<i>14</i> |
| COUNTY | | CITY | | | |
| ENUMERATED WITH
<i>Assumption</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>Chauffeur, Celina</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|---|---|--------------------|----|------------|-----|
| L152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 11 | BIRTHPLACE | La. |
| COUNTY | | De Soto | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input checked="" type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| L 153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 32 | LaPointe Lydons | | 50 | 4 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lolida | | W | 23 | | |
| Milton | | S | 7 | | |
| Eva | | D | 5 | | |
| Anna | | S | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L152 | | NAME OF INDIVIDUAL
<i>Lavigne Thaddeus</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Wm</i> | AGE
<i>5/8</i> | BIRTHPLACE | | E.D.
<i>50</i> | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lavigne Thaddeus</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18186-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| 215-2 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Wm | | 29 | La Baingus Maggie | 63 | 17 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Charles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| La Baingus Victor S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

| | | | | | |
|--|----|--------------------|----|------------|------------------|
| 452 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 13 | AGE | 40 | BIRTHPLACE | E.D. 14 SHEET 11 |
| COUNTY | | Clai borne | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>si</u> </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16196-P61

| | | | | | |
|--|-----|---|------|--|--|
| 152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| W | 24 | Spain | 59 | 14 | |
| COUNTY | | | CITY | | |
| St. Bernard | | | | | |
| ENUMERATED WITH | | | | | |
| Brook, Martha | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WOMAN
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 18108-P81

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 43 | | 48 | 19 |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marguerite | | W | 55 | | |
| Clémie | | S | 25 | | |
| Mary | | D | 16 | | |
| Louise | | Daughter | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| L-152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| White | 35 | Livingston Parish | | 115 | 27 |
| COUNTY | | Webster | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillian | | S | 3 | | |
| John | | H | 24 | | |
| Alton | | H | 3 | | |
| Dorcas | | H | 2 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|----|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|--|---|--|--------------------------------|--|--|
| L153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 49 | E.O. | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Bernard | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Morales Diego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input checked="" type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|--|--|---|--|--|-------|
| 1152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 8 | | 58 | 4 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Bernard | | CITY | |
| ENUMERATED WITH | | Carron, Paula | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
e | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15106-P01

| | | | | | |
|-------------------------|--|----------------|---------------------|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| mm | | 27 | Livingston Marshall | 30 | 9 |
| COUNTY | | | CITY | | |
| Clai borne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lula | | W | 25 | | |
| William | | S | 1 | | |
| Frances | | m | 7 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|---------------------|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 27 | Livingston Marshall | 30 | 10 |
| COUNTY | | | CITY | | |
| Clai borne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lula | | W | 25 | | |
| William | | S | 8 | | |
| Fannie | | ni | 7 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2153 | | HEAD OF FAMILY | | LOUISIANA | |
| Sergeant | | Martha E. | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 64 | Ga. | | 11 | 14 |
| COUNTY | | | CITY | | |
| Bienville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| McCart, Cula E. | | 12 | 40 | | |
| 1 Bettie B | | 60 | 13 | | |
| Sergeant, Jno. A. | | 5 | 30 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--------------|
| 5154 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 25 | E.O. | 36 |
| | | BIRTHPLACE | Mary | | |
| COUNTY | | Calcasieu | | CITY | Lake Charles |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elija | | M | 57 | | |
| Eugene | | B | 22 | | |
| Anna | | S | 20 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|---------|------------|---------|
| 453 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 15 | BIRTHPLACE | E.D. 44 |
| COUNTY | | | SHEET 7 | | |
| Lafourche | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Diels John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMRA-DC 15100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-----------------|
| 153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | new | AGE | 50 | BIRTHPLACE | La Pointe, Mary |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Jim | | 5 | 18 | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 40 | | | 38 | 22 |
| COUNTY | | CITY | | | |
| Lafourche | | Thibodaux | | | |
| ENUMERATED WITH | | | | | |
| Lafont, Jules C | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Li | | | | | |

FORM 18-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15108-P61

| | | | | | |
|---|---|--------------------|-------------|------------|-----------|
| 452 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 23 | BIRTHPLACE | E.D. 14 6 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Clai borne | | |
| RELATIONSHIP TO ABOVE | | | Allen Jesse | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> HUSBAND
 <input type="checkbox"/> WIFE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------|--------------------|--|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 453 | | NAME OF INDIVIDUAL
<i>Lavender, Mattie</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>32</i> | BIRTHPLACE
<i>Tenn</i> | E.D.
<i>117</i> | SHEET
<i>29</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Richland</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Turner, Alex</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SA</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SA</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SA</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 153 | | NAME OF INDIVIDUAL
<i>Lavender, Mathie</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>14</i> | BIRTHPLACE
<i>Ala</i> | | E.D.
<i>117</i> | SHEET
<i>21</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Richland</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Jones, Alexander</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>5 A</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 64 | France | | 124 | 3 |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Edige | | W | 50 | | |
| Maturene | | S | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----------------|---|------------------|
| 2152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 14 | BIRTHPLACE | E.D. 87 SHEET 22 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Natchitoches | | |
| RELATIONSHIP TO ABOVE | | | Loring James D | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-NC 1910B-P61

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| L15-2 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 51 | Livingston, Mich. | | 72 | 8 |
| COUNTY | | CITY | | | |
| Lincoln | | Lincoln | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Hubbard | | S | 10 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| a 152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| mu | 56 | | | 56 | 25 |
| COUNTY | | CITY | | | |
| Plaquemines | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Antoine | | s | 26 | | |
| Thomas | | s | 24 | | |
| Sophie | | s | 18 | | |
| Columbus | | s | 16 | | |
| Dorset | | s | 14 | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|---|---|--|-------------|
| | | LOUISIANA | |
| 2153 | NAME OF INDIVIDUAL
<i>Levant Mike</i> | | E.D.
107 |
| COLOR
B | AGE 12 | BIRTHPLACE | SHEET
3 |
| COUNTY
Ouachita | | CITY | |
| ENUMERATED WITH
<i>Davenport Richard</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | |
|--|---|
| LOUISIANA | |
| L 153 | NAME OF INDIVIDUAL
<i>Lefont, Millian</i> |
| E.D. 121 | SHEET 54 |
| COLOR <i>W</i> | AGE <i>25</i> BIRTHPLACE |
| COUNTY <i>St. Landry</i> | CITY |
| ENUMERATED WITH <i>Lefont, Harace</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>[Signature]</i> | |

FORM 16-427 (4-22-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVID

USCOMM-DC 1619B-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 2153 | | NAME OF INDIVIDUAL
<i>Lavender, Molly</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>9</i> | BIRTHPLACE
<i>Tex</i> | | E.D.
<i>117</i> | SHEET
<i>21</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Richland</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>James, Alexander</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SA</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SA</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SA</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16106-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 13 | 62 | | | 42 | 2 |
| COUNTY | | | CITY | | |
| East Carroll | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Charity | | w | 55 | | |
| Dunn Willt | | SS | 15 | | |
| 1 Jeff | | SS | 12 | | |
| Havenport Clarence | | SS | 6 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|------------------|
| 2152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 19 | BIRTHPLACE | E.D. 44 SHEET 25 |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| Millie Mae, Hallie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15106-P61

| | | | | | |
|--|---|---|----|---|----|
| 452 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | u | AGE | 19 | E.D. | 44 |
| | | BIRTHPLACE | | SHEET 25 | |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| Milliard Hallis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18100-P-61

| | | | | | |
|--|---|--------------------|---------|-----------|-------|
| L 156 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lebanon | | Myrtle | | E.O. | SHEET |
| COLOR | W | AGE | 7 | 10 | 18 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Acadia | | | Crowley | | |
| ENUMERATED WITH | | | | | |
| Signer, Octave A | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> Other (Specify)
<u>Companion</u> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19199-P61

| | |
|--|---|
| LOUISIANA | |
| 2153 | NAME OF INDIVIDUAL
<i>Refont Nassar</i> |
| E.O.
48 | SHEET
42 |
| COLOR
<i>W</i> | AGE
<i>4</i> |
| BIRTHPLACE | |
| COUNTY
<i>Lafourche</i> | CITY |
| ENUMERATED WITH
<i>Peter Elepito</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>G.C.</i> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15199-P61

| | | | | | |
|--|-----|---|--|--|----|
| 2152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Livingston Ponce | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 9-3 | 10 |
| COUNTY | 18 | Calcasieu | | CITY | |
| Jennings Louisiana | | ENUMERATED WITH | | | |
| Broussard, Joseph H. | | RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P61

| | |
|--|--|
| LOUISIANA | |
| 8152 | NAME OF INDIVIDUAL <i>Jennings, Nancy</i> |
| E.D. 03 | SHEET 9 |
| COLOR <i>B</i> | AGE <i>17</i> |
| BIRTHPLACE | |
| COUNTY <i>Calcasieu</i> | CITY <i>Jennings</i> |
| ENUMERATED WITH <i>Droussard, Joseph</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> Niece
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18199-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|------------|---------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 3153 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 9 | BIRTHPLACE | Staples | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Lafourche | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peter Elpherts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

G. C.

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

| | |
|--|---|
| LOUISIANA | |
| L 152 | NAME OF INDIVIDUAL
<i>Lebanche, Narsie</i> |
| E.D.
3 | SHEET
19 |
| COLOR
W | AGE
13 |
| BIRTHPLACE | |
| COUNTY
Assumption | CITY |
| ENUMERATED WITH
<i>Chauffe, Celine</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18156-P01

| | | | | | |
|--|--|---|------------|---|-------|
| L/53 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | R.D. | SHEET |
| W | | 2 | | 48 | 7 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | | | | |
| Lafont Ernest | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
6-cl | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

| | | | | | | | |
|-------------------------|---|----------------|----|---------------|-----|-----------|----|
| 453 | | HEAD OF FAMILY | | Sawatch B. A. | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | Ark | E.D. | 89 |
| | | | | | | SHEET | 13 |
| COUNTY | | | | CITY | | | |
| Merchouse | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Livingstone | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|-----|--------------|-----------|------------|
| HEAD OF FAMILY | | E.O. | SHEET | |
| L153 - Alfred Octavie | | 102 | 4 | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 66 | | | |
| COUNTY | | CITY | | |
| St. Landry | | C. Kansas | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Delphine | | S | 32 | |
| Joseph | | D | 30 | |
| Celeste | | D | 27 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|-----------------|---|--|---|--------------------|
| L-152 | | NAME OF INDIVIDUAL
<i>Livingston Ada</i> | | E.O.
<i>115</i> | SHEET
<i>24</i> |
| COLOR
<i>mu</i> | AGE
<i>7</i> | BIRTHPLACE | | | |
| COUNTY
<i>Webster</i> | | CITY | | | |
| ENUMERATED WITH
<i>Livingston Edna</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-627 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16199-P-61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|
| L 152 | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| B | 58 | Living, Creque | |
| COUNTY | Lafayette | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Pauline | W | 48 | |
| Valmon | S | 14 | |
| Thasalle | D | 13 | |
| Creque | S | 10 | |
| Octave | S | 8 | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|---|-------------------|--------------------|
| 5153 | NAME OF INDIVIDUAL
<i>Lafont Ophele</i> | | E.O.
<i>18</i> | SHEET
<i>42</i> |
| COLOR
<i>W</i> | AGE
<i>20</i> | BIRTHPLACE | | |
| COUNTY
<i>Lafourche</i> | | CITY | | |
| ENUMERATED WITH
<i>State Clerk</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>W</i> | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|---|--|--|
| L153 | NAME OF INDIVIDUAL
<i>Livandais Oscar</i> | | E.D.
<i>60</i> | SHEET
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>29</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Bernard</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Mrs. L. L. L. L.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>C</i></td></tr><tr><td><input checked="" type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>C</i> | <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>C</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| 5153 | | NAME OF INDIVIDUAL
<i>Lafort Ramele</i> | | E.D.
<i>48</i> | SHEET
<i>42</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>6</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafourche</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Rita Ramele</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>cel</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>cel</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>cel</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910b-P61

| | | | | | |
|--|--|--|------------|--|-------|
| 215-2 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 20 | | 59 | 17 |
| COUNTY | | | CITY | | |
| St. Bernard | | | | | |
| ENUMERATED WITH | | | | | |
| Lafourne, Frank | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOWM-DC 10100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8152 | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Lavinian, Paul | | 150 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vernon | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hale, Isaac | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> BROTHER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> BROTHER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 18105-P81

| | | | | | |
|-------------------------|---------|----------------|-----|------------|-------|
| 2153 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lapointe Paul | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 52 | | | | |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Alice | W | 34 | | |
| | Paula | D | 19 | | |
| | Halter | S | 18 | | |
| | Matilda | D | 13 | | |
| | Louisa | D | 10 | | |
| | Delma | S | 7 | | |
| | Admny | D | 5 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY - CONTINUED

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-634e 14 20 611

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCMA DC 16100-P41

| | | | | | |
|--|--|---|------------|--|-------|
| 2153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| mu | | 15 | | 33 | 19 |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | | | |
| ENUMERATED WITH | | | | | |
| Howard Keller | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMM-DC 18199-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2155 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Muc | | 46 | | 16 | 6 |
| COUNTY | | | CITY | | |
| Avoy. | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marietta | | W | 44 | | |
| Mary J. | | D | 23 | | |
| Walter J. | | S | 20 | | |
| Winston D. | | S | 20 | | |
| Emma M. | | S | 18 | | |
| Paul M. Jr. | | S | 13 | | |
| Harry J. | | S | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| L153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. | SHEET |
| Mu | 29 | Laurent, Pauline | | 101 | 10 |
| BIRTHPLACE | | | | | |
| COUNTY | | CITY | | | |
| St. Tammany | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Victor | | B | 26 | | |
| Eveline | | Si | 23 | | |
| Lion | | B | 19 | | |
| Almore | | B | 16 | | |
| Ralph | | B | 13 | | |
| Boone | | N | 8 | | |
| Willard | | N | 5 | | |
| Leonard | | N | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 452 | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 2 | Swanton Pearl | 14 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clai borne | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allen Gease | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| LIVINGSTON PEELEY | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 33 | | | | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bernadine | | W | 44 | | |
| Edwina | | S | 20 | | |
| Eva | | D | 20 | | |
| Lillian | | D | 16 | | |
| Ella | | D | 12 | | |
| Lester | | S | 10 | | |
| Howard | | S | 8 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

RELATIONSHIP

AGE

BIRTHPLACE

1 Therane m

0

7

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMLDT 18100-P61

| | | | | | |
|-------------------------|---|----------------------|--------|------------|---------------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 38 | BIRTHPLACE | Living Philip |
| COUNTY | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 33 | | |
| Charles M | | S | 14 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|---------------|--|-----|
| 1153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 80 | E.D. | 139 |
| | | BIRTHPLACE | | SHEET 8 | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Vermillion | | |
| RELATIONSHIP TO ABOVE | | | Lebrun Ernest | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P61

| | | | | | |
|-------------------------|------------|----------------|-----|------------|-----------------|
| 2103 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Lapoint, Pierre |
| COUNTY | | Vermillion | | CITY | |
| | | | | Greysdan | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Natalia | W | 28 | | |
| | Elba | D | 13 | | |
| | Marguerite | D | 11 | | |
| | Orville | S | 9 | | |
| | Opha | S | 7 | | |
| | Ernest | S | 4 | | |
| | Ellia | D | 2 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUE

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15140-161

| | | | | | |
|--|---|---|------|--|----|
| 8152 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 18 | E.D. | 89 |
| | | BIRTHPLACE | Miss | | |
| COUNTY | | CITY | | | |
| | | Morehouse | | | |
| ENUMERATED WITH | | Harris N.H. | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

153

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| Lappe, Porte | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| mu | 51 | | |
| COUNTY | | CITY | |
| Iberville | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Cecelia | W | 28 | |
| John | S | 9 | |
| Toby | S | 8 | |
| Irbes | S | 7 | |
| Margaret | S | 6 | |
| Colena | S | 2 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------------|----------------|------|------------|---------------|
| X-153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 48 | BIRTHPLACE | Grand Prairie |
| COUNTY | Pointe Coupee | | CITY | E.D. | 74 |
| SHEET 5 | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Della | | W | 33 | | |
| Edna | | D | 12 | | |
| Cook Jackson | | M L | 68 | MO. | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Ind. |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Dr. Ridder | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 William D. | | W | 34 | | |
| Lottie M. | | D | 7 | Tex | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|--------------------|
| L153 | | NAME OF INDIVIDUAL
<i>Lavent, Ralph</i> | | LOUISIANA | |
| COLOR
<i>mu</i> | AGE
<i>13</i> | BIRTHPLACE | | E.D.
<i>101</i> | SHEET
<i>10</i> |
| COUNTY
<i>St. Tammany</i> | | CITY | | | |
| ENUMERATED WITH
<i>Lavent, Pauline</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18198-P61

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| L-153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 20 | | | 6 | 17 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | GEORGIA | W | 17 | | |
| ARKIN | PHIL OMAN | M | 52 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 72 | BIRTHPLACE | Alabama |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|--------------|--------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 30 | BIRTHPLACE | Ranson |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Olivia | | W | 29 | | |
| Alice | | D | 11 | | |
| Webby | | S | 9 | | |
| Mable | | D | 4 | | |
| Mary Bel | | D | 3 | | |
| Ella | | D | 1 | | |
| Alverda | | D | 15 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|----------------|-----|------------|------------------------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 30 | BIRTHPLACE | Livingston, Raymond 71 |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Appasie | W | 30 | | |
| | Raymond Jr. | S | 10 | | |
| | Mary | D | 8 | | |
| | Dolton | S | 6 | | |
| | Vilsey | S | 4 | | |
| | Duce | D | 2 | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|----|---|---|--|---------|
| L52 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | mc | AGE | 9 | BIRTHPLACE | |
| COUNTY | | Acadia | | CITY | Crowley |
| ENUMERATED WITH | | Battles, Mary | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18106-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 3 | AGE | 75 | BIRTHPLACE | Livingston, Richard |
| COUNTY | | Plaquemines | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lose | | w | 76 | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-------|-------------------|---------------|
| 8152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | Richard M. 38 |
| COUNTY | Calcasieu | | CITY | Lake Charles City | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maggie | | W | 28 | Fla | |
| Mrs. | | S | 4 1/2 | Fla | |
| Richard J. | | S | 19 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L152 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| B | 36 | | | 14 |
| SHEET 11 | | | | |
| COUNTY | | CITY | | |
| Clai borne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ada | W | 34 | | |
| Ada B | S | 5 | | |
| Dark | S | 3 | | |
| Leonard | S | 1 | | |
| Catie | S | 9/12 | | |
| | | | | |
| | | | | |

FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| | 26 | | | | 1/1 |
| COUNTY | | Lincoln | | CITY | |
| | | | | Fiction | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angeline | | 6 | 45 | | |
| Andrew | | 2 | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2152 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Living, Rodolphe | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yhr | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafayette | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caimouche, Marie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|---|---|------|--|----|
| 453 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 6 | E.O. | 48 |
| | | BIRTHPLACE | | SHEET 7 | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | | | | |
| Lafont Ernest | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
ccl | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16199-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L153 | | NAME OF INDIVIDUAL
<i>Lavender, Sammie</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>5</i> | BIRTHPLACE
<i>Tex</i> | | E.O.
<i>117</i> | SHEET
<i>21</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Jones, Alexander</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC0186-DC 18186-P61

| | | | | | |
|-------------------------|--------------|---------------------|------------|-----------|-------|
| X152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 40 | Livingston, Sampson | | 15 | 23 |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Julia | W | 33 | | | |
| Bessie | D | 16 | | | |
| Albatha | D | 13 | | | |
| Almonar | D | 10 | | | |
| Admural | D | 9 | | | |
| James | D | 5 | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| S-132 | HEAD OF FAMILY
<i>Livingston, Samuel</i> | | LOUISIANA |
|-------------------------|---|------------------------|-------------------------|
| COLOR
B | AGE
37 | BIRTHPLACE | E.D.
117 SHEET
5- |
| COUNTY | <i>Richland</i> | CITY
<i>Margham</i> | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>4 LBO</i> | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|----------|------------|----|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | E.D. | 24 |
| | | BIRTHPLACE | Ind | | |
| COUNTY | | | CITY | | |
| | | | Houghton | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Essie A. | W | 29 | Tex. | |
| | | | | | |
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FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 452 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 4 | Le. farrest | | 88 | 9 |
| COUNTY | | CITY | | | |
| St. Mary | | Franklin | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Le. farrest | | W | 65 | St. | |
| Peter | | S | 27 | | |
| | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L153

L152


| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| 4-51 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 28 | Livingston, La. | | 3 | 9 |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Livingston | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L155

455

| | | | | | |
|--|------------------|--|--|---|--------------------|
|  | | NAME OF INDIVIDUAL
<i>Lefanine, Sidney</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>10</i> | BIRTHPLACE | | E.D.
<i>110</i> | SHEET
<i>17</i> |
| COUNTRY | | Terrebonne | | CITY | |
| ENUMERATED WITH
<i>Barrilleau, Myrtle</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| B153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mr | 25 | | | 142 | 21 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sydney | | W | 27 | | |
| Bertha | | D | 2 | | |
| Earl | | S | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|------------|---------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 115-2 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 1 | BIRTHPLACE | E.D. 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Clai borne | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18160-P61

| | | | | | |
|---|---|--------------------|---|------------|------------------|
| 453 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 7 | BIRTHPLACE | E.D. 21 SHEET 23 |
| COUNTY | | Lafayette | | CITY | |
| ENUMERATED WITH | | | | | |
| Bodan, Elci | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|-------------------------|---|----------------|---------|------------|----|
| L153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 42 | E.D. | 48 |
| | | BIRTHPLACE | SHEET 5 | | |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Adeline | | W | 38 | | |
| Charlene Adeline | | Sis | 22 | | |
| 4 Melina | | Da | 7 | | |
| 7 Marcelite | | Da | 5 | | |
| Ogea | | Da | 3 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 4153 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | | | | 48 | 5 |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Missa | | W | 35 | | |
| Pierre | | S | 14 | | |
| Koeze | | V | 11 | | |
| Thiathema | | S | 9 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| C152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 43 | | 104 | 49 |
| COUNTY | | | CITY | | |
| Terrebonne | | | Hauma | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Milton | | B | 18 | | |
| Thompson Buck | | n | 23 | | |
| 1 Hank | | B+ | 4.5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 30 | BIRTHPLACE | Loring, Thomas |
| COUNTY | | East Carroll | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jennie | | W | 26 | | |
| Thomas | | S | 18 | | |
| Mama | | S | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-----|------------|--|
| 20153 | | HEAD OF FAMILY | | LOUISIANA | |
| Lapoint Thomas | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 139 4 | |
| cu | 41 | | | | |
| COUNTY | Vermillion | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugene | | W | 35 | | |
| Adonice | | S | 17 | | |
| Adonice | | D | 16 | | |
| Mayama | | S | 15 | | |
| Martial | | S | 13 | | |
| Azilda | | D | 11 | | |
| Anna | | D | 9 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------|-------------------|---------|------------|
| Amelia | D | 8 | |
| Thomas | S | 5 | |
| Rosa | D | 4 | |
| Neonie | P | 3
12 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC 10198-101

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--------------|--------------------------------|--|--|
| 453 | | NAME OF INDIVIDUAL
<i>Lafont Tlemine</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>3 1/2</i> | BIRTHPLACE | | E.D.
<i>48</i> | SHEET
<i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafourche</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lafont Ernest</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>G. Cl</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>G. Cl</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>G. Cl</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1819D-P61

| LOUISIANA | | | |
|-------------------------|---|-----------|------------|
| L152 | HEAD OF FAMILY
<i>Lewis H. H. H.</i> | | |
| E.D.
50 | SHEET
11 | | |
| COLOR
1 | AGE
60 | | |
| BIRTHPLACE | | | |
| COUNTY
Calcasieu | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Mary</i> | <i>W</i> | <i>42</i> | |
| <i>Mary J.</i> | <i>W</i> | <i>10</i> | |
| <i>Joseph</i> | <i>2</i> | <i>7</i> | |
| <i>Helix</i> | <i>5</i> | <i>4</i> | |
| <i>Marius</i> | <i>5</i> | <i>22</i> | |
| <i>Malice</i> | <i>N</i> | <i>8</i> | |
| <i>Leta</i> | <i>SD</i> | <i>2</i> | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

10-636-1420

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB/DA/DP 13108-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------------|--------------------------------|--|--|
| L153 | NAME OF INDIVIDUAL
<i>Lefont Albert</i> | | E.D.
<i>48</i> | SHEET
<i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>10</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafourche</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lefont Ernest</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>G-d</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>G-d</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>G-d</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

| | | | | | |
|---|------------------|---|--|---|--------------------|
| L153 | | NAME OF INDIVIDUAL
<i>Livandais Valcourt</i> | | E.D.
<i>60</i> | SHEET
<i>15</i> |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Bernard</i> | | CITY | | | |
| ENUMERATED WITH
<i>Morales Diego</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input checked="" type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>C</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | | | | | | |
|-------------------------|-----------|----------------|-----|--------------|----|-----------|----|
| L133 | | HEAD OF FAMILY | | La Point, La | | LOUISIANA | |
| COLOR | W | AGE | 53 | BIRTHPLACE | | E.D. | 51 |
| COUNTY | Calcasieu | | | CITY | 24 | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Philomena | | W | 53 | | | | |
| Odene | | W | 16 | | | | |
| Joseph | | W | 14 | | | | |
| Agnes | | W | 12 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 9152 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mr | | 50 | | 63 | 17 |
| COUNTY | | | CITY | | |
| St. Charles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clara | | W | 49 | | |
| Victor Jr | | S | 24 | | |
| Emile | | S | 15 | | |
| James | | S | 5 | | |
| Maggie | | DL | 23 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|------|------------|-------|
| 2152 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Salarsab, Victor | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | Jefferson | | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|----|---|----|--|-------------------|
| L153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | mu | AGE | 26 | BIRTHPLACE | E.D. 101 SHEET 10 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | Savent, Victor | | | |
| RELATIONSHIP TO ABOVE | | Savent, Pauline | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15195-P81

| | | | | LOUISIANA | |
|-------------------------|--|----------------|-------|------------|-------|
| 453 | | HEAD OF FAMILY | | E.D. | SHEET |
| COLOR | | AGE | | 153 | 17 |
| B | | 20 | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Fenny | | W | 27 | | |
| William | | S | 1 | | |
| John | | S | 2 | | |
| Victor Jr | | S | 4 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-152 | NAME OF INDIVIDUAL
<i>Livingston Viola</i> | | E.O.
<i>115</i> | SHEET
<i>24</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>mu</i> | AGE
<i>5</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Webster</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Livingston Edmon</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P81

LOUISIANA

| | | | | | | | |
|-------------------------|----------------|-----|---------------|------------|------------|-------|----|
| 2152 | HEAD OF FAMILY | | Loving Walter | E.O. | 126 | SHEET | 20 |
| COLOR | W | AGE | 30 | BIRTHPLACE | Miss | | |
| COUNTY | Washington | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| / Halie | | | D | 11 | | | |
| Leonard | | | S | 6 | | | |
| Lottie | | | D | 3 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L 152

LOUISIANA

| | | | | | |
|--|--|--|--|----------------|----------------|
| Living <i>Living</i> | | NAME OF INDIVIDUAL <i>Walter</i> | | E.O. <i>73</i> | SHEET <i>5</i> |
| COLOR <i>73</i> | AGE <i>5</i> | BIRTHPLACE | | | |
| COUNTY <i>Lafayette</i> | | CITY <i>Ceresco</i> | | | |
| ENUMERATED WITH <i>Living, Hosana</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15100-P01

LOUISIANA

| | | | | |
|-------------------------|--------------------|--------------|------|------------|
| 152 | HEAD OF FAMILY | | E.O. | SHEET |
| | Loringhouse Walter | | 99 | B |
| COLOR | AGE | BIRTHPLACE | | |
| W | 29 | | | |
| COUNTY | | CITY | | |
| St. Tammany | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Ada | W | 23 | |
| | Walter | S | 2 | |
| | 4 others | S | 6/12 | |
| | Best | B | 20 | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

153

COLOR *W* NAME OF INDIVIDUAL *La Saint Hatter* LOUISIANA
 COUNTY *W* AGE *2* BIRTHPLACE *Vermillion* E.D. *39* SHEET *12*
 ENUMERATED WITH
 RELATIONSHIP TO ABOVE *Hoffman J.M.* CITY

☐ FATHER
☐ MOTHER
☐ GRANDFATHER
☐ GRANDMOTHER
☐ GRANDSON
☐ GRANDDAUGHTER
☐ AUNT
☐ UNCLE
☒ NEPHEW
☐ NIECE
☐ FATHER-IN-LAW
☐ MOTHER-IN-LAW
☐ SON-IN-LAW
☐ DAUGHTER-IN-LAW
☐ BROTHER-IN-LAW
☐ SISTER-IN-LAW
☐ INMATE
☐ NURSE
☐ PATIENT
☐ ROOMER
☐ SERVANT
☐ OTHER (Specify)

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RELATIONSHIP TO ABOVE

☐ FATHER
☐ MOTHER
☐ GRANDFATHER
☐ GRANDMOTHER
☐ GRANDSON
☐ GRANDDAUGHTER
☐ AUNT
☐ UNCLE
☐ NEPHEW
☐ NIECE
☐ FATHER-IN-LAW
☐ MOTHER-IN-LAW
☐ SON-IN-LAW
☐ DAUGHTER-IN-LAW
☐ BROTHER-IN-LAW
☐ SISTER-IN-LAW
☐ INMATE
☐ NURSE
☐ PATIENT
☐ ROOMER
☐ SERVANT
☒ OTHER (Specify)

55

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 1910-P-61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 2153 | | NAME OF INDIVIDUAL
<i>Lavender, Washington</i> | | E.O.
<i>117</i> | SHEET
<i>21</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>7</i> | BIRTHPLACE
<i>Tex</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Richland</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Jones, Alexander</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>55</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>55</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>55</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOWM-DC 16108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| L152 | | NAME OF INDIVIDUAL
<i>Livings, William</i> | | LOUISIANA | E.D.
10 | SHEET
31 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Mu</i> | AGE
17 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Battles, Mary</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>son</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>son</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>son</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

LOUISIANA

| | | | | | | | |
|-------------------------|---|----------------|----|---------------------|------|------------|-------|
| 215c | | HEAD OF FAMILY | | Livingston, William | | E.D. | SHEET |
| COLOR | B | AGE | 30 | BIRTHPLACE | | | |
| COUNTY | | | | Iberia | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rachel | | | | W | 29 | | |
| Rosalia | | | | D | 8 | | |
| McKinley | | | | S | 6 | | |
| Cusley | | | | S | 4 | | |
| William | | | | S | 2 | | |
| Harold | | | | S | 1/2 | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------------------------------|------------|----------------------|
| L152 | HEAD OF FAMILY
Livingston William | | E.D. 126
SHEET 18 |
| COLOR
B | AGE
40 | BIRTHPLACE | |
| COUNTY
St. Martin | CITY
Martineville | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lucis | U | 32 | |
| Herbert | S | 5 | |
| James | S | 3 | |
| Isile | D | 25 | |
| Stella | D | 18 | |
| Serina | D | 15 | |
| | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----------|---|------|--|-------------|
| L153 | | NAME OF INDIVIDUAL
Laband William | | E.O.
33 | SHEET
19 |
| COLOR
Mn | AGE
14 | BIRTHPLACE | | | |
| COUNTY
East Baton Rouge | | | CITY | | |
| ENUMERATED WITH
Howard Willie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMM-DC 18190-P01

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 8153 | 58 | Lapointe William | 14 | 21 |
| COUNTY | | CITY | | |
| Vermillion | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Muselle | W | 53 | | |
| Maxine | S | 21 | | |
| Elvira | S | 16 | | |
| Cleodis | S | 13 | | |
| Quincy Pearl | G.D. | 16 | | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|--------------|------|------------|-------|--|
| *15-2 | | HEAD OF FAMILY | | E.O. | | SHEET | |
| Loring | | William M | | 32 | | 8 | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| W | 30 | Tex- | | | | | |
| COUNTY | | | | CITY | | | |
| Calcasieu | | | | Wah | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Edna H. | | | W | 28 | Tex. | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | |
|-------------------------|----------------|----------------|------|------------|-------|--|
| L/5 2 | HEAD OF FAMILY | | E.D. | | SHEET | |
| | | | 24 | | 8 | |
| COLOR | AGE | BIRTHPLACE | | | | |
| W | 50 | North Carolina | | | | |
| COUNTY | | | CITY | | | |
| Clai borne | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| / Lou E | | W | 45 | Alabama | | |
| Bertha | | D | 18 | Alabama | | |
| Lada | | D | 16 | Alabama | | |
| | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 452 | NAME OF INDIVIDUAL
<i>Levanston Willie</i> | | E.D.
<i>14</i> | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>12</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Clai borne</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Levanston Joe</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SS</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

| | | | | |
|-------------------------|--------------------|--------------|-------|------------|
| 5152 | HEAD OF FAMILY | | E.D. | SHEET |
| | Livingston, Willie | | 15 | 17 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 39 | | | |
| COUNTY | | CITY | | |
| Iberia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Mataline | | W | 23 | |
| Erline | | D | 5 | |
| Sousana | | D | 4 | |
| Laura | | D | 3 | |
| Rudley | | S | 1 1/2 | |
| Mary | | D | 1/2 | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|----------------|---------|--------------|------------|------------|-------|---|
| 152 | HEAD OF FAMILY | | Leven Wilson | E.D. | 102 | SHEET | 2 |
| COLOR | W | AGE | 32 | BIRTHPLACE | | | |
| COUNTY | | | Sabine | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| | | Pena | W | 28 | | | |
| | | Addie | D | 9 | | | |
| | | Gladys | D | 7 | | | |
| | | Bernice | S | 5 | | | |
| | | June | D | 2 | | | |
| | | Alma | D | 7/12 | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | |
|-------------------------|--|------------------|--------------|-----------------|-----|------------------|------------|--|
| 4152 | | HEAD OF FAMILY 1 | | Livingston Wink | | LOUISIANA | | |
| COLOR W | | AGE 22 | | BIRTHPLACE Ala | | E.D. 33 SHEET 12 | | |
| COUNTY Caddo | | | | CITY Blanchard | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | |
| NAME | | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Livingston Lellie W | | | W | | 18 | | Ala | |
| | | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|---------|
| 2153 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 10 | BIRTHPLACE | E.D. 27 |
| COUNTY | | Avoyelles | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input checked="" type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

PRODUCT OF

~~AMERICAN~~ ~~MADE~~

MADE IN U.S.A.

| | | | | | |
|---|---|---|---|--|----------|
| 2760 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 4 | BIRTHPLACE | Not Rep. |
| COUNTY | | Iberia | | CITY | |
| ENUMERATED WITH | | | | | |
| Loz v. s. Brunnelle | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L-16a | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 33 | | | 11 | 2 |
| COUNTY | | CITY | | | |
| Acadia | | Crowley | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| - Donitell | | w | 25 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|------|--|-------------------|
| 2160 | | NAME OF INDIVIDUAL
<i>Larry School</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>16</i> | BIRTHPLACE | | E.D.
<i>46</i> | SHEET
<i>7</i> |
| COUNTY
<i>East Feliciana</i> | | | CITY | | |
| ENUMERATED WITH
<i>Alvin Robert</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18199-P61

| | | | | |
|-------------------------|----------------|--------------------------------|-----------|-------------|
| L162 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
27 | BIRTHPLACE
Laverge, Achille | | E.D.
115 |
| COUNTY
St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Peronilla | | w | 26 | |
| Harris L | | s | 3 | |
| Mabel | | d | 1 1/2 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|------|-----------|-----|
| 462 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 15 | E.D. | 109 |
| | | BIRTHPLACE | | SHEET 31 | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| Saforner, Ed Olive | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 28 | | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Berahice | | W | 26 | | |
| Hattie | | D | 6 | | |
| Arthur | | S | 3 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|------------|-----------|-------|
| L 160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 20 | | 132 | 11 |
| COUNTY | | | CITY | | |
| St. Martin | | | | | |
| ENUMERATED WITH | | | | | |
| Patricia Hawthorne | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5167 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mw | 40 | Lovergene Adam | | 123 | 19 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Francoise | | w | 37 | | |
| Martin | | s | 20 | | |
| Barnianie | | d | 19 | | |
| Bernard | | s | 16 | | |
| Virginia | | d | 11 | | |
| Orilia | | d | 9 | | |
| Clarence | | d | 7 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 15100-P01

| | | | | | |
|--|----|---|------|---|-------------------|
| 2162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 13 | AGE | 19 | BIRTHPLACE | E.D. 1536 SHEET 6 |
| COUNTY | | | CITY | | |
| West Feliciana | | | | | |
| ENUMERATED WITH | | | | | |
| Payne Edward | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16195-P61

| | | | |
|-------------------------|--------------|----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| B | 67 | Louise, Adelle | 77 8 |
| COUNTY | | CITY | |
| St. John the Baptist | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Joseph | S | 32 | |
| Ezilda | D | 22 | |
| Smith, John | Girl | 4 | |
| | | | |
| | | | |
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| | | | |
| | | | |

FORM 10-636 (4-20-01)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | Adelucie |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bazelya | | W | 28 | | |
| Hattie | | D | 8 | | |
| Arthur | | S | 4 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 30 | | 7 | 6 |
| COUNTY Acadia | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ozilma | | W | 22 | | |
| Lena | | d | 4 | | |
| Maise | | s | 2 | | |
| | | | | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | Adolph |
| COUNTY | | Natchitoches | | CITY | Natchitoches |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | W | 27 | | |
| L. Tracy | | W | 23 | | |
| Bivens, (not named) | | S-L | 60 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| 162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 56 | | | 14 | 29 |
| COUNTY | | | CITY | | |
| A | | | S | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emile L. | | W | 54 | | |
| Irene A. | | S | 17 | | |
| Clenton K. | | S | 14 | | |
| Annie C. | | D | 8 1/2 | | |
| Abram H. | | S | 27 | | |
| Sidney E. | | S | 25 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|----------------|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 7 | BIRTHPLACE | ED. 3 SHEET 15 |
| COUNTY | | Acadia | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|---|--------|--------------------|------|------------|--------|
| R 166 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | ED. 22 |
| COUNTY | Iberia | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input checked="" type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P01

| | | | | | |
|---|---|---|---|--|-----------------|
| L162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 3 | BIRTHPLACE | E.D. 4 SHEET 11 |
| COUNTY | | Acadia | | CITY | |
| ENUMERATED WITH | | | | | |
| Laverne Pierre J. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | Albert |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Joseph | | H | 37 | | |
| Albert | | S | 20 | | |
| Grace | | D | 17 | | |
| Lillian | | D | 15 | | |
| Beulah | | D | 11 | | |
| George | | S | 9 | | |
| Clarence | | S | 6 | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

NAME _____

RELATIONSHIP

AGE

BIRTHPLACE

Ouida
mistle

D

3



9/12

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15104-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 27 | | | 123 | 17 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ezore | | W | 26 | | |
| Maria | | d | 6 | | |
| Colastan | | d | 5 | | |
| Felix | | s | 3 | | |
| | | | | | |
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|--|-----|---|--|--|--|
| 2-162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Levergne, Albert | | F.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 165 5 | |
| B | 16 | | | | |
| COUNTY | | CITY | | | |
| St. Louis | | | | | |
| ENUMERATED WITH | | | | | |
| Briscoe, Mary | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
5-5 | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 24 | | | 7 | 18 |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Lestrade | | w | 22 | | |
| 2. Hallett Mar | | d | 3 | | |
| 3. Landry Hubert | | widow | 25 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | LAFAYETTE, ALABAMA |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 CARISE | | W | 19 | | |
| | | | | | |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 5/62 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | Albert |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugenia | | W | 33 | | |
| Edmond | | S | 15 | | |
| Marsie | | S | 13 | | |
| Armos | | S | 2 | | |
| | | | | | |
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FORM 10-436 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--------------------|---|-------|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| 10t | | 48 | Philippine Islands | 31 | 17 |
| COUNTY | | | CITY | | |
| Jefferson | | | | | |
| ENUMERATED WITH | | | | | |
| Sacross, Manuel | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
10 | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

| | | | | | |
|--|-----|--|--|--|---|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lalrre, Albert | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 58 | 2 |
| W | 12 | | | | |
| COUNTY | | St. Bernard CITY | | | |
| ENUMERATED WITH | | Lalrre, Albert | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOIN-DC 1910-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| Laper Albert | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 56 12 | |
| B | 44 | | | | |
| COUNTY | | Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Della | | w | 45 | | |
| Florence | | d | 16 | | |
| Thomas | | s | 15 | | |
| Wade | | s | 8 | | |
| Jockey | | s | 7 | | |
| Lucy | | d | 5 | | |
| Lillian | | d | 3 | | |

LOUISIANA

| HEAD OF FAMILY - CONTINUED | | CARD 2 OF 2 | |
|----------------------------|--------------|-------------|------------|
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| - Mandy | S | 2 | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

| | | | | | |
|-------------------------|---|----------------|------|------------|--|
| 2-160 | | HEAD OF FAMILY | | LOUISIANA | |
| Lauriere Alvide | | E.D. | | 65 7 | |
| COLOR | W | AGE | 28 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elmore | | W | 30 | | |
| Lester | | S | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|------------------|--|----------------|--|------------|--|
| 2-160 | | HEAD OF FAMILY | | LOUISIANA | |
| Lorper Alfred Jr | | E.D. | | 77 18 | |
| COLOR | | AGE | | BIRTHPLACE | |

| | | | | | |
|-------------------------|--|----------------|----------------------|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| mu | | 40 | St. John the Baptist | 77 | 14 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | D | 40 | | |
| Alfred Jr. | | S | 16 | | |
| Virginia | | D | 12 | | |
| Ernest | | S | 10 | | |
| Noelie | | D | 9 | | |
| Noemie | | D | 5 | | |
| Viola | | D | 1 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-4360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 15194-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Acadia |
| | | | | E.O. | 8 |
| | | | | SHEET | 8 |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alma | | W | 31 | | |
| Annie | | S | 6 | | |
| Alace | | D | 4 | | |
| Mollie | | D | 2 | | |
| | | | | | |
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FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|---|---|--------|
| NAME OF INDIVIDUAL | | LOUISIANA | |
| 162 | Louergene Alless | E.D. | SHEET |
| COLOR | AGE | 123 | 7 |
| W | 27 | BIRTHPLACE | |
| COUNTY | | CITY | |
| St. Landry | | | |
| ENumerated WITH | | | |
| Louergene Nahinul | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | Bertha |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | u | AGE | 46 | BIRTHPLACE | Louise Alexander |
| E.D. | | 102 | | SHEET 23 | |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Ematile | u | 38 | | | |
| Agness | D | 15 | | | |
| Marshall | D | 14 | | | |
| Kellia | D | 10 | | | |
| Ackland | S | 9 | | | |
| Mary | D | 7 | | | |
| Bedona | D | 4 | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | CARD 2 OF 2 |
|-------------------------|------------------|------------------|-------------|
| NAME | RELATION
SHIP | AGE | BIRTHPLACE |
| 1 <i>Lionel</i> | <i>S</i> | <i>11
12</i> | |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-636e 1-20-91
1910 CENSUS INDEX - FAMILY

FORM 10-636 10-20-61

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOURT OF 1320-902

| | | | | | |
|-------------------------|---|----------------|-----|-----------------|--------|
| 4160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | Alcide |
| COUNTY | | CITY | | E.D. 56 SHEET 7 | |
| Camden | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alex | | A | 23 | | |
| Melba | | D | 3 | | |
| Arona | | D | 1 | | |
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FORM 10-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| 460 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | |
| | | | | E.D. | SHEET |
| | | | | 12 | 19 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Elvira | | W | 24 | | |
| Bonnie Arline | | DAUGHTER | 6 | | |
| | | | | | |
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FORM 16-634 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 5160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 32 | | 82 | 9 |
| BIRTHPLACE | | | | | |
| COUNTY | | | | | |
| Pointe Coupee City | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leontine | | W | 33 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|------------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | BIRTHPLACE | St. Landry |
| | | | | E.D. | 122 |
| | | | | SHEET | 27 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living issue | | . | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| 4161 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 58 | La Breaux, Alfred | | 68 | 6 |
| COUNTY | | CITY | | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|-----------------|
| 2-162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Laverge, Alaska |
| E.D. | | 114 | | SHEET | |
| 1 | | | | | |
| COUNTY | | | St. Landry | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Leman | | W | 29 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|----|------------|-----|
| 460 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 49 | BIRTHPLACE | Ark |
| COUNTY | | Clai borne | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input checked="" type="checkbox"/> WIFE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| mu | 45 | | | 101 |
| SHEET 2 | | | | |
| COUNTY | | CITY | | |
| St. Tammany | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Earl | | S | 11 | |
| Pearl | | S | 8 | |
| | | | | |
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FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|-----------------------|----|------------|----|
| 4162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 17 | BIRTHPLACE | 64 |
| COUNTY | | Livingston Livingston | | CITY | |
| ENUMERATED WITH | | Walker | | | |
| RELATIONSHIP TO ABOVE | | Feldson | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18196-P81

| | | | | | |
|--|---|--------------------|----|------------|------|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 15 | BIRTHPLACE | Alma |
| COUNTY | | St. Martin | | CITY | |
| ENUMERATED WITH | | | | | |
| Rodrigues Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div><input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE</div> <div><input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW</div> <div><input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)</div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 1-60 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| U | 57 | Alpha | 21 | 19 |
| COUNTY | | CITY | | |
| Iberia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emile | U | 51 | | |
| James | S | 22 | | |
| Lorion | S | 12 | | |
| Antonette | D | 7 | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|------------|
| 5146 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 42 | AGE | W | BIRTHPLACE | Alfred J |
| COUNTY | | Iberia | | CITY | New Iberia |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Oless | | W | 39 | | |
| Robert | | S | 18 | | |
| Ada | | D | 17 | | |
| Clarence | | S | 14 | | |
| Earnest | | S | 12 | | |
| Louise | | D | 11 | | |
| Louis | | S | 7 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------|-------------------|------|------------|
| Fudrick | S | 25 | |
| Alised | S | 3 | |
| Henry | S | 4/12 | |
| Octone | F | 62 | |
| 1 servant | | | |

FORM 10-6360 14 21 81

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMAL DC 15100-P61

1-108-6-61

| | | | | | |
|-------------------------|---|----------------|------|------------|-----|
| L122 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | E.D. | 123 |
| | | BIRTHPLACE | | SHEET 23 | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mathilde | | w | 30 | | |
| Estelle | | d | 12 | | |
| Willie | | s | 8 | | |
| Clabore | | s | 6 | | |
| Willie | | s | 4 | | |
| Gilbert | | s | 7/12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|---------------|
| 1162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | Laverne Aimas |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eva | | W | 21 | | |
| Mabel | | D | 4/12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 32 | Cameron | | 06 |
| COUNTY | | SHEET | | |
| | | 9 | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Germany | W | 30 | | |
| Grace | D | 9 | | |
| Therise | D | 8 | | |
| Mabel | D | 6 | | |
| Algie | S | 4 | | |
| Clide | S | 2 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| L 162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 62 | BIRTHPLACE | Louisiana, Amie |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ordice | | W | 54 | | |
| Aggie | | D | 19 | | |
| Hoy | | S | 23 | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|----|
| L-162 | | HEAD OF FAMILY | | LOUISIANA | |
| LABRAISH, Amile | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 6 | 13 |
| W | 35 | France | | | |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 30 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|-------------------|------------------|
| L-162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | La forge Amos R. |
| COUNTY | | CITY | | E.O. | SHEET |
| ENUMERATED WITH | | West Carroll | | 144 | 16 |
| RELATIONSHIP TO ABOVE | | Oak Grove | | La forge Elzie E. | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center; font-size: 1.5em;">B</div> </div> </div> | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

162

NAME OF INDIVIDUAL *Lavergne Anasie* LOUISIANA

COLOR *W* AGE *4/12* BIRTHPLACE *4* SHEET *11*

COUNTY *Acadia* CITY

ENUMERATED WITH *Lavergne Pierre 9*

RELATIONSHIP TO ABOVE

| | | |
|---|--|--|
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | 2160 |
| | | | | E.D. | 12 |
| | | | | SHEET | 17 |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Rose | w | 40 | | | |
| Alton | s | 17 | | | |
| Wesley | s | 14 | | | |
| Emma | d | 12 | | | |
| Ellen | d | 8 | | | |
| Etidia | d | 6 | | | |
| Mattie | d | 4 | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | |
|-------------------------|--------------|-------------|------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Rosville</i> | <i>s</i> | <i>7/12</i> | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX

FORM 10-434a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P61

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| 2/62 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 26 | BIRTHPLACE | Lawrence, Andover | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Morehouse | | CITY | Austria | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 10100-P01

USCOMM-DC 18195-P01

| | | | | | |
|--|------------------|--|--|--|-------------------|
| L 162 | | NAME OF INDIVIDUAL
<i>Laporse Anne</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>60</i> | BIRTHPLACE | | E.D.
<i>19</i> | SHEET
<i>3</i> |
| COUNTY
<i>Iberia</i> | | CITY
<i>New Iberia</i> | | | |
| ENUMERATED WITH
<i>Hitter Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P01

| | | | | | |
|---|---|---|-------|--|------------------|
| 2166 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 1/2 | BIRTHPLACE | E.D. 12 SHEET 13 |
| COUNTY | | Iberia | | CITY | |
| ENUMERATED WITH | | | | | |
| Crockett, Leonard | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|------------|-----------|-----|
| 162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 16 | E.D. | 111 |
| | | BIRTHPLACE | | SHEET 1 | |
| COUNTY | | | CITY | | |
| | | | Terrebonne | | |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 D </div> </div> | | | | | |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

L160

L160

| | | | |
|---|------------------|-------------------|-------------------|
| 1000 <i>Louissier, Anna</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>32</i> | BIRTHPLACE | E.D.
<i>53</i> |
| COUNTY
<i>Caddo</i> | | SHEET
<i>3</i> | |
| CITY | | | |
| ENUMERATED WITH
<i>Bayless, Sarah L.</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input checked="" type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|---|---|--------------------|----|-----------------|--------|
| L/62 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTH PLACE | Acadia |
| COUNTY | | CITY | | E.D. 4 SHEET 11 | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input checked="" type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| 460 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 20 | | | 72 | 3 |
| COUNTY | | CITY | | | |
| | | Livingston | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input checked="" type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P01

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|---------------|
| L816C | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 50 | BIRTHPLACE | Labor Anthony |
| COUNTY | | Iberia | | CITY | Jeanerette |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Hannah | w | 47 | | |
| 1 | Gilbert | Anna | 18 | | |
| 1 | Abraham | n | 16 | | |
| 1 | Labor | many | 15 | | |
| 1 | Christine | D | 14 | | |
| 1 | Clara | D | 11 | | |
| 1 | Louisa | D | 9 | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 10104-P01

15108.101

5162

HEAD OF FAMILY

LOUISIANA

COLOR *W*

AGE *64*

BIRTHPLACE *France*

E.D. *16*

SHEET *22*

COUNTY

Iberia

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----------|------------|
| <i>Julia</i> | <i>W</i> | <i>50</i> | <i>mo</i> |
| <i>Constant</i> | <i>S</i> | <i>22</i> | <i>Ill</i> |
| <i>Anthony</i> | <i>S</i> | <i>16</i> | <i>Ill</i> |
| <i>Victor</i> | <i>S</i> | <i>10</i> | <i>Ill</i> |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L 160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 70 | | 10 | 6 |
| COUNTY | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Clara | | W | 65 | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 462 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | La Rouge, La Cade |
| COUNTY | | LIVING | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Azalia | | W | 29 | | |
| Antoinette | | D | 7 | | |
| Blaise | | P | 7 | | |
| Eddie | | D | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|---|---------------|--|-------|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | Age | 6 | BIRTHPLACE | E.D. | SHEET |
| 9m | | | | 84 | 27 |
| COUNTY | | | Pointe Coupee | CITY | |
| ENUMERATED WITH | | | | | |
| Hemondville, Louisiana | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

2142

L 142

| | | | | | |
|-------------------------|-----|--------------------|------|------------|-------|
| 243 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 53 | Laverne, Aristelle | | 105 | 14 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 48 | | |
| Rina | | D | 10 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|---------------|------------|-----------------|
| 2760 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Labre, Cristile |
| | | | | E.D. | 143 |
| | | | | SHEET | 29 |
| COUNTY | Vermillion | | CITY Greysden | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Eufalie | W | 35 | | | |
| Clodia | D | 12 | | | |
| Elodie | D | 11 | | | |
| Seneca | S | 9 | | | |
| Eufanie | D | 7 | | | |
| Lucas | S | 6 | | | |
| Josephine | D | 4 | | | |

FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY - CONTINU

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-634 • 4 20 61

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB/MLC 16190-101

| | | | | | |
|---|---|---|----|--|-------|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 80 | E.D. | SHEET |
| | | BIRTHPLACE | | 136 | 24 |
| COUNTY | | Vermillion | | CITY | |
| | | | | Abbeville | |
| ENUMERATED WITH | | | | | |
| Parker Joe. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

L 162

L 162

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 1165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 29 | | | 121 | 1 |
| COUNTY | | CITY | | | |
| St. Landry | | Eunice | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Crore | | W | 38 | | |
| Lasie | | D | 4 | | |
| Ina | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|---------------|--|------------------|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 71 | BIRTHPLACE | E.D. 85 SHEET 31 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Rapides | | |
| RELATIONSHIP TO ABOVE | | | Laper Charles | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|---|----------------|-------|------------|----------------------|
| 5/62 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | Le. Bourgeois Armand |
| COUNTY | | E.D. | | SHEET | |
| | | 65 | | 4 | |
| LIVINGSTON | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anais | | W | 25 | | |
| Mercy | | D | 7 | | |
| Percy | | S | 1 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

6/1/62

| | |
|--|--|
| | |
|--|--|

61622

| | | | |
|-------------------------|--------------|-------------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 36 | Laborce, Armosham | 56 7 |
| COUNTY | | CITY | |
| Cameron | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Margaret | W | 34 | |
| Elderly | S | 14 | |
| Infant | S | 13 | |
| Mary | D | 11 | |
| Alfred | S | 10 | |
| Luna | D | 8 | |
| Thomas | S | 4 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------|--------------|-----|------------|
| 1 Bitten | S | 1 | |
| Wagon, Henry | C | 20 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2160

HEAD OF FAMILY

LOUISIANA

COLOR W

AGE 35

BIRTHPLACE

E.D. 5

SHEET 12

COUNTY Acadia

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-------|------------|
| MACILLIA | W | 35 | |
| SAVINA | O | 18 | |
| ALFRED | O | 12 | |
| JOSEPH | S | 10 | |
| ARNEL | S | 7 | |
| AMANDA | O | 5 | |
| ELLIA | O | 1 1/2 | |

| | | | | | |
|-------------------------|-----|--------------------|-----|------------|-------|
| L112 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 65 | Lazarque, Arnold i | | 14 | 3 |
| COUNTY | | CITY | | | |
| Avoy | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Florence | | W | 55 | | |
| Zephire | | i | 24 | | |
| Douglas | | S | 22 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------------------------|------------|-------------|
| 462 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
B | AGE
27 | BIRTHPLACE
Laverne, Arena | | E.D.
120 |
| SHEET
28 | | | | |
| COUNTY
St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dolia | W | 26 | | |
| Arnold | S | 5 | | |
| Adela | D | 3 | | |
| Domino | S | 2 | | |
| Armed | S | 2 1/2 | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------------|-----------|------------|
| L162 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. |
| W | 35 | LAVERGNE, ARTHUR | | 5 |
| BIRTHPLACE | | SHEET | | |
| | | 3 | | |
| COUNTY | | CITY | | |
| Acadia | | IOTA | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / MARY | | W | 39 | |
| / RUPHUS | | S | 11 | |
| / FANCY | | O | 4 | |
| HAYES, TRAVIS | | S | 20 | |
| / MOLLIE | | O | 18 | |
| / ELIJAH | | | | |
| ELIJAH | | S | 16 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | Louisiana, Arthur |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cornelia | | W | 35 | | |
| Lily | | D | 13 | | |
| Henry | | S | 9 | | |
| Laura | | D | 7 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|-------------|-----------|-------|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| B | 13 | | | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | St. Landry | | |
| RELATIONSHIP TO ABOVE | | | Henry Harry | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 33%;"> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input checked="" type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 33%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-10 18198-P61

| | | | | | |
|--|---|--|----|--|-------|
| L-160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 13 | BIRTHPLACE | Orlde |
| COUNTY | | St. Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | | | | | |
|--|---|---|--------------------|---|---|
| L162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 4 | E.D. | 4 |
| | | BIRTHPLACE | SHEET 11 | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Acadia | | |
| RELATIONSHIP TO ABOVE | | | Lavergne Pierre J. | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
J.C. | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1810B-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 6 | AGE | 48 | BIRTHPLACE | 4515 |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lafourche | | | | | |
| | | | | | |
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FORM 10-636 (6-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------|------------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 162 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | 7C | AGE | 1 1/2 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | E.D. | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SHEET | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Acadia | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laverne Pierre J. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 16108-P61

| | | | | |
|-------------------------|----------------|-----------------|------------|-------|
| 4162 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| B | 20 | Laverne, Azenos | 120 | 27 |
| COUNTY | | CITY | | |
| St. Landry | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laurencia | W | 20 | | |
| Edonia | D | 7 1/2 | | |
| | | | | |
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FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|------------|--|--------------|
| L/61 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | Lebrun Azold |
| | | | | E.D. | 139 |
| | | | | SHEET | 8 |
| COUNTY | | | Vermillion | | |
| | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Lebrun Ernest | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| 7166 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 59 | BIRTHPLACE | B. H. |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 53 | | |
| Eugene | | D | 26 | | |
| Joseph | | S | 19 | | |
| Edna | | D | 14 | | |
| Clara | | D | 10 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|---|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| L162 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| 722 | 19 | | 123 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louise Gene Adams | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15105-P61

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY

NAME *Labriche, Basile*

E.D. *2* SHEET *24*

COLOR *W* AGE *22* BIRTHPLACE

COUNTY *Assumption* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|-----------|------------|
| <i>Elouise</i> | <i>W</i> | <i>20</i> | |
| <i>Evanne</i> | <i>D</i> | <i>4</i> | |
| <i>Alice</i> | <i>D</i> | <i>3</i> | |
| | | | |
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|-------------------------|-----|------------------|-----|------------|-------|
| 462 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 39 | Safargue, Beaugo | | 101 | 7 |
| COUNTY | | CITY | | | |
| St. Tammany | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Virginia | | H | 28 | | |
| Julia | | D | 5 | | |
| Inez | | D | 3 | | |
| Louise | | D | 1 | | |
| Cousin Naomi | | Da. | 17 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|----------------|-----|------------|-----|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | White | AGE | 45 | BIRTHPLACE | Ben |
| COUNTY | | St Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lora | | w | 40 | | |
| Terena | | d | 16 | | |
| Mary | | d | 14 | | |
| Amelia | | d | 11 | | |
| Bernadette | | d | 10 | | |
| Olydia | | d | 20 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| P160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mu | 28 | | | 32 | 1 |
| COUNTY | | CITY | | | |
| Madison | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|--------------|-----|------------|----|
| 9.60 | | HEAD OF FAMILY | | Louisa Lee | | LOUISIANA | |
| COLOR | B | AGE | 47 | BIRTHPLACE | | E.D. | 60 |
| | | | | | | SHEET | 15 |
| COUNTY | | | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Louisa | | | | W | 40 | | |
| 1 Thomas | | | | W | 35 | | |
| 1 Maria | | | | W | 30 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|--|----|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 20 | E D. | 66 |
| | | BIRTHPLACE | | SHEET 15 | |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Labra Henry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 16-637 (4-29-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18125-P61

| | | | | | |
|-----------------------|--|---|--|-----------|-------|
| 1160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 19 | | 128 | 15 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Martin | | CITY | |
| ENUMERATED WITH | | Rodriguez Joseph | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input checked="" type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 1150 | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | ED. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Lanney Bessie | | 59 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orville | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ligifore George H. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

| | | | | | |
|--|---|--|------------|--|--------|
| 1162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTH PLACE | 122 27 |
| COUNTY | | | St. Landry | CITY | |
| ENUMERATED WITH | | | | | |
| Tenerghie, Mrs. Eugene | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16196-P61

15165-P41

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5166 | | HEAD OF FAMILY | | LOUISIANA | |
| Le-Bare Burr | | | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| Man | 54 | | | | |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cecilia | | w | 50 | | |
| Willie | | s | 19 | | |
| Cary | | d | 17 | | |
| Samuel | | s | 16 | | |
| Burrill | | s | 13 | | |
| Robert | | s | 11 | | |
| Rebecca | | d | 9 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2760 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 45 | | 22 | 5 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Oline | | W | 42 | | |
| Emerita | | N | 23 | | |
| Elias | | S | 21 | | |
| Julia | | S | 18 | | |
| Simonette | | S | 17 | | |
| Richard | | S | 15 | | |
| Sidney | | S | 13 | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| Lapairrie, Cade | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 64 | | | | |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| John L | S | 18 | | | |
| Emilie | D | 16 | | | |
| Eveline | D | 13 | | | |
| Jessie J | S | 10 | | | |
| Anna D | D | 7 | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|--|--------------------|--------------------|
| 2760 | NAME OF INDIVIDUAL
<i>Lapar Camella</i> | | E.D.
<i>196</i> | SHEET
<i>15</i> |
| COLOR
<i>W</i> | AGE
<i>47</i> | BIRTHPLACE | | |
| COUNTY
<i>West Baton Rouge</i> | | CITY
<i>Broussard Landing</i> | | |
| ENUMERATED WITH
<i>O'Keefe Andrew</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1619-P61

| | |
|--|---|
| LOUISIANA | |
| L 163 | NAME OF INDIVIDUAL
Laperouse Camile |
| E.D.
111 | SHEET
1 |
| COLOR
W | AGE
19 |
| BIRTHPLACE | |
| COUNTY
Terrebonne | CITY |
| ENUMERATED WITH
Rosemary Alouse | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

| | | | | | |
|--|---|---|----------------|---|-------------------|
| 2162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 64 | BIRTHPLACE | Lavergan Catteune |
| COUNTY | | E.D. | | SHEET | |
| | | 153 | | 6 | |
| CITY | | | West Feliciana | | |
| ENUMERATED WITH | | | | | |
| Lavergan Ellen | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Si | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

| | | | | | |
|-------------------------|---|----------------|--------|------------|--------------------|
| L 162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 70 | BIRTHPLACE | LAVERGNE, Pelesten |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Smith | | ARMED | 42 | | |
| / | | JOHN | 65 | 22 | |
| / | | JOA | 60 | 17 | |
| / | | AVE | 60 | 16 | |
| / | | PELIE | 60 | 14 | |
| LAVERGNE | | CILVONIE | ORPHAN | 10 | |
| 1 | | AMELIE | 40 | | |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | Laverne, Celestine |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marga | | W | 48 | | |
| Thelma | | S | 16 | | |
| Anna | | S | 14 | | |
| Celestine | | S | 12 | | |
| Alia | | S | 10 | | |
| Philbert | | S | 5 | | |
| Thermonia | | S | 2 | | |

Form 10-636 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------|---|------|--|------------|
| L/62 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 9 | BIRTHPLACE | St. Landry |
| COUNTY | St. Landry | | CITY | | |
| ENUMERATED WITH | | | | | |
| Robertson Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Adopted | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| 2160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 24 | 43 | Iberville | 12 | 5 |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Jennie | w | 42 | |
| | Clara | d | 18 | |
| | Florian | s | 17 | |
| | Kapriel | d | 15 | |
| | Charite | s | 12 | |
| | Jane | d | 12 | |
| | Marcella | d | 12 | |

FORM 16-636 (4-20-61)
1915 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| Mary | d | 8 | |
| Laurice | s | 7 | |
| Edwina | s | 4 | |
| Estella | d | 3 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15195-P63

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 162 | | HEAD OF FAMILY | | LOUISIANA | |
| Levesque, Cesar | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 32 | | | | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Euphila | | W | 30 | | |
| Cama | | D | 7 | | |
| Alista | | S | 4 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|---------------------------|---|----------------------------------|--------------------|------------|
| L/60 | HEAD OF FAMILY
<i>Leherio, Charles</i> | | E.O.
95 | SHEET
1 |
| COLOR
<i>W</i> | AGE
<i>42</i> | BIRTHPLACE
<i>St. Italian</i> | | |
| COUNTY
<i>St. Mary</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Maria</i> | <i>W</i> | <i>30</i> | <i>St. Italian</i> | |
| <i>Rosalie</i> | <i>D</i> | <i>18</i> | | |
| <i>Santo</i> | <i>S</i> | <i>9</i> | | |
| <i>Christina</i> | <i>S</i> | <i>7</i> | | |
| <i>Armando</i> | <i>S</i> | <i>6</i> | | |
| <i>Luca</i> | <i>S</i> | <i>3</i> | | |
| <i>John</i> | <i>S</i> | <i>1/12</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|------|---|--------------------|
| C 160 | | NAME OF INDIVIDUAL
<i>Leiper, Charles</i> | | E.O.
<i>31</i> | SHEET
<i>12</i> |
| COLOR
<i>B</i> | AGE
<i>25</i> | BIRTHPLACE
<i>Ark</i> | | | |
| COUNTY
<i>Caddo</i> | | | CITY | | |
| ENUMERATED WITH
<i>Guin, Neil</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<i>bc</i> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1818B-P61

LOUISIANA

| | | | | | |
|-------------------------|--------------|------------|------------|-------|--|
| HEAD OF FAMILY | | E.D. | | SHEET | |
| Name | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 37 | Italy | | | |
| COUNTY | St. Landry | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lina | W | 38 | Italy | | |
| Frank | son | 5 | N.Y. | | |
| Charles | son | 32 | Italy | | |
| Anna | W | 32 | Italy | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------------|----------------|
| 1162 | HEAD OF FAMILY | Lavergne Charles | E.D. 4 SHEET 2 |
| COLOR | AGE | BIRTHPLACE | |
| | 33 | | |
| COUNTY | Acadia | CITY | Church Point |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Leonie Lee | W | 27 | |
| | 5 | 5 | |
| Austin Lee | 5 | 3 | |
| Fredrick Lee | 5 | 2 | |
| | | | |
| | | | |
| | | | |
| | | | |

LOUISIANA

| | | | | |
|--------------------------------|---|------------|-------------------|--------------------|
| 7160 | HEAD OF FAMILY
<i>Tafore, Charles E.</i> | | E.D.
<i>85</i> | SHEET
<i>16</i> |
| COLOR
<i>W</i> | AGE
<i>37</i> | BIRTHPLACE | | |
| COUNTY
<i>Pointe Coupee</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Corrine</i> | <i>W</i> | <i>27</i> | | |
| <i>Thelma</i> | <i>D</i> | <i>9</i> | | |
| <i>Kathleen</i> | <i>D</i> | <i>7</i> | | |
| <i>Donald Jr.</i> | <i>S</i> | <i>5</i> | | |
| <i>Irene</i> | <i>D</i> | <i>4</i> | | |
| <i>Irma</i> | <i>D</i> | <i>1</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| L162 | | 104 | 20 |
| COLOR | AGE | BIRTHPLACE | |
| w | 55 | | |
| COUNTY | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Josephine | w | 46 | |
| Joseph W. | S | 23 | |
| Charles | S | 19 | |
| Lucille | D | 17 | |
| Eleanor | D | 15 | |
| Mary | D | 12 | |
| Lillian | S | 10 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------------|-------------------|----------|------------|
| 1. <i>Alene</i> | <i>D</i> | <i>3</i> | |
| <i>Romane</i> | <i>S</i> | <i>8</i> | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R160 | NAME OF INDIVIDUAL
<i>Lefore, Charley</i> | | E.D.
<i>124</i> | SHEET
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>18</i> | BIRTHPLACE
<i>Ark</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Winn</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Byrd, Floyd J.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

[illegible]

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|------------------|-------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL | | Lipari, Cherizia | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | | 45 | | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 40 | BIRTHPLACE | Italy | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | Lafourche | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Roccia, Luigi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><u>W</u></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>W</u> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>W</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCO-94-DC 1910-P-4

LOUISIANA

| | | | | | |
|--|-----|---|------|---|-------|
| 7162 | | NAME OF INDIVIDUAL | | E.O. | SHEET |
| | | Laverne, Cilmonie | | 5 | 23 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 10 | | | | |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| ENUMERATED WITH | | | | | |
| Laverne, Celestine | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDWIFE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
ORIGIN. G. A. | |

FORM 18-637 (4-28-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-OC 15199-P41

LOUISIANA

| | | | | | |
|---|--|--|--|-------------|-------------|
| L-62 | | NAME OF INDIVIDUAL
Levergher, Clara | | E.D.
122 | SHEET
27 |
| COLOR
W | AGE
3 | BIRTHPLACE | | | |
| COUNTY
St. Landry | | CITY | | | |
| ENUMERATED WITH
Levergher, Mrs. Eugene | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18196-P61

LOUISIANA

| | | | | | | | |
|--|--|--|------------|-------------|--|--|--|
| 2160 | NAME OF INDIVIDUAL
Lecilia Clarence | | E.D.
81 | SHEET
24 | | | |
| COLOR
W | AGE
38 | BIRTHPLACE | | | | | |
| COUNTY
Rapides | | CITY
Alexandria | | | | | |
| ENUMERATED WITH
Schmidt, Harry | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&A-CC 16100-P61

LOUISIANA

| | | | | | | | |
|-------------------------|--|----------------|--------------|-----------------|------------|------|-------|
| L H | | HEAD OF FAMILY | | Laciver Clarrin | | E.O. | SHEET |
| COLOR | | AGE | BIRTHPLACE | | | | |
| W | | 28 | | | | | |
| COUNTY | | | Iberia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Louise | | | sr | 25 | | | |
| Clarrin | | | d | 7 | | | |
| Clayman | | | s | 5 | | | |
| Willie | | | d | 3 | | | |
| Salvie | | | d | 10 1/2 | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (10-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L162 | NAME OF INDIVIDUAL
<i>Louise Charville</i> | | E.D.
123 | SHEET
15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
21 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Thibault Arlie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16198-P61

LOUISIANA

| | | | | |
|----------------------------|--|----------------------------|------------|--------------|
| L161 | HEAD OF FAMILY
<i>La Barbara Clementine</i> | | E.D.
74 | SHEET
2 |
| COLOR
<i>W</i> | AGE
27 | BIRTHPLACE
<i>Italy</i> | | |
| COUNTY
<i>St. James</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Annie</i> | | <i>W</i> | <i>19</i> | <i>Italy</i> |
| <i>Carrie</i> | | <i>D</i> | <i>12</i> | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Ber | | Claus | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 24 | Lafayette | | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | | W | 16 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---|---|--|
| 5162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Laparonse Colist | | E.D. | | SHEET | |
| COLOR | W | AGE | 9 | BIRTHPLACE | |
| COUNTY | | Terrebonne | | CITY | |
| ENUMERATED WITH | | Chapartier Paul | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

| | | | | | |
|--|------------|---|------|---|--------|
| 5162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Laverne, Credeur Emily | | E.O. | | SHEET | |
| COLOR | W | AGE | 4 | BIRTHPLACE | 105 10 |
| COUNTY | St. Landry | | CITY | | |
| ENUMERATED WITH | | | | | |
| Credeur Julien | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<u>Orphan</u> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16196-P61

| | | | | | |
|-------------------------|--|----------------|--------------|-----------|------------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 78 | | 3 | 1 |
| COUNTY A | | | Atadia | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Ezema | | | W | 69 | |
| Hollies, Julia | | | Ad. D | 11 | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|---|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 9 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Clai borne | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-OC 1819B-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| 5-60 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 60 | E.D. | SHEET |
| | | BIRTHPLACE | | 15 | 18 |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 52 | | |
| Rosa | | D | 26 | | |
| Leah | | D | 17 | | |
| Helvie | | S | 15 | | |
| Alta | | D | 12 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-----|--------------------|--------|
| 5162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 68 | E.D. | 10, 16 |
| | | BIRTHPLACE | | Laurie, S. Antigua | |
| COUNTY | St. Landry | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | 2 | 68 | | |
| Maurice | | 5 | 16 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|--|----------------|------------|------------|-------|
| I-160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 38 | Germany | 12 | 2 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Martha | | w | 35 | Ger | |
| Frederick David | | s | 11 | Ger | |
| Elizabeth | | d | 8 | Ger | |
| Karl | | s | 6 | Ger. | |
| Erick | | s | 4 | | |
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FORM 16-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 24 | | 109 | 24 |
| | | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angeline | | W | 20 | | |
| Elvira | | D | 2 | | |
| Louise | | D | 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| 5/62 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| u | 48 | Lafourche | 42 | 20 | |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Mary | W | 44 | | | |
| Gertrude | D | 19 | | | |
| David | S | 17 | | | |
| Julia | D | 14 | | | |
| Laurence | S | 11 | | | |
| James | S | 7 | | | |
| Hortense | D | 7 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------------|-------------------|--------------|------------|
| / <i>Jewell</i> | <i>S</i> | <i>4</i> | |
| <i>Hanna</i> | <i>S</i> | <i>1 1/2</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED 1910-1911

| | | | | | |
|-------------------------|--|----------------|-------|------------|-------|
| 5160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 20 | | 71 R. | | 12 | 24 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lena | | W | 28 | | |
| Lucile | | S | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|--|-------------------|-----|------------|-------|
| 516C | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 58 | | 12 | 5 |
| BIRTHPLACE | | Lauriere Delchire | | | |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marpil | | W | 54 | | |
| Rachem Telesman | | W | 38 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----|--|--|
| 462 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LABOURY, Delmas | | E.O. | | SHEET | |
| COLOR | W | AGE | 65 | 70 18 | |
| BIRTHPLACE | | | | | |
| COUNTY | | St. James | | CITY | |
| ENUMERATED WITH | | | | | |
| Porter, James | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input checked="" type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOIM-DC 1910-P61

| | | | |
|---------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| L. L. Latorre, Demosthene | | E.D. 56 | SHEET 4 |
| COLOR W | AGE 29 | BIRTHPLACE | |
| COUNTY Cameron | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Nastasia | W | 36 | |
| Wallace | 5th | 4 | |
| Admeline | DS | 2 | |
| Lucasille | D | 1 | |
| | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L/66 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 50 | | 15 | 9 |
| COUNTY | | | Iberia | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Filomen | | W | 48 | | |
| Alcide | | S | 17 | | |
| E. Rodias | | S | 15 | | |
| E. L. C. | | S | 12 | | |
| Oday | | S | 9 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| P 160 | | HEAD OF FAMILY | | LOUISIANA | |
| LABAURIE DESIRE | | E.D. | | SHEET | |
| COLOR | W | AGE | 54 | BIRTHPLACE | |
| COUNTY | Vermilion | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Martha | | G | 47 | | |
| Therese | | S | 23 | | |
| Angeline | | D | 17 | | |
| Oline | | S | 15 | | |
| Adeline | | D | 13 | | |
| Adelma | | D | 10 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|--------------------|------------|
| L160 | HEAD OF FAMILY | E.D. SHEET | |
| COLOR | AGE | BIRTHPLACE | |
| W | 7 | Lafayette, Deserie | |
| COUNTY | CITY | | |
| Cameron | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Meliza | W | 60 | |
| Deserie | S | 21 | |
| Marion | D | 15 | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|------------|--------------|-------|
| HEAD OF FAMILY | | E.D. | SHEET |
| 2 Lafarge, Dominec | | 121 | 6 |
| COLOR | AGE | BIRTHPLACE | |
| W | 25 | | |
| COUNTY | St. Landry | CITY Eunice | |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE |
| 1 | Ollie | W | 23 |
| 1 | Richard | S | 1 |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|-------------------------------------|--|--------------------------|
| 2160
COLOR | | AGE
10 | NAME OF INDIVIDUAL
Lisi Dominica | E.D.
45 | LOUISIANA
SHEET
32 |
| COUNTY
Lafourche | | CITY | | | |
| ENUMERATED WITH
Bessie Lorigi | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WMAE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 166 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 56 | | | 12 13 |
| COUNTY | | | Iberia | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Amelia | | w | 57 | | |
| Robert Armentie | | ni | 21 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| Laverne C C | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | | | | |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Celestine | D | 18 | | |
| | Michael | S | 13 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | 43 | AGE | 14 | E.D. | 17 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Iberia | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | New Iberia | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wilson Jules | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------|
| L/62 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Laverne, Ed |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Donalita | | W | 21 | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--------------------|---|--|
| 9162 | | NAME OF INDIVIDUAL
<i>Lewis, Lodie</i> | | LOUISIANA | |
| COLOR
<i>Mr</i> | AGE
<i>16</i> | BIRTHPLACE
<i>Ark</i> | E.D.
<i>114</i> | SHEET
<i>4</i> | |
| COUNTY
<i>Tangipahoa</i> | | | CITY | | |
| ENUMERATED WITH
<i>Craft, Lull</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P81

| | | | | | |
|---|---|--------------------|----------|-----------|----|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 19 | E.D. | 56 |
| | | BIRTHPLACE | SHEET 17 | | |
| COUNTY | | 1500000 | | | |
| ENUMERATED WITH | | Plaquemine | | | |
| RELATIONSHIP TO ABOVE | | Bassett, Oscar | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16196-P61

| | | | | | |
|-----------------------|---|---|----|-----------|----|
| 4160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 27 | E.O. | 22 |
| | | BIRTHPLACE | | SHEET | 8 |
| COUNTY | | Iberia | | CITY | |
| ENUMERATED WITH | | Lauverre, Thaurvoines | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>B</u> </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 8162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Edmond |
| COUNTY | | Terrebonne | | CITY | Houma |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 2 1/2 years | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|-------|
| 162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | 12219 |
| COUNTY | | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edmonia | | W | 28 | | |
| Russel | | S | 6 | | |
| Armond | | D | 5 | | |
| Mary Lee | | D | 4 | | |
| Daphnee | | S | 1 | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|--------------------|
| 4162 | | NAME OF INDIVIDUAL
<i>Laverne Edmonia</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>17</i> | BIRTHPLACE | | E.O.
<i>123</i> | SHEET
<i>19</i> |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Thibodaux John</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INSANE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WORKER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-P51

| | | | | | |
|---|---|--------------------|---|------------|------|
| L162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 1 | BIRTHPLACE | Edna |
| E.D. | | 58 | | SHEET 10 | |
| COUNTY | | | CITY | | |
| The Hills | | | | | |
| ENUMERATED WITH | | | Hall, Charlie | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|------------|--|-------|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 10 | | 128 | 15 |
| COUNTY | | | CITY | | |
| St. Martin | | | | | |
| ENUMERATED WITH | | | | | |
| Rodriguez Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

10-636 (4-20-01)

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| L 161 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 53 | E.D. | 52 |
| | | BIRTHPLACE | | SHEET | 27 |
| COUNTY | | | CITY | | |
| Iberville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise J | | W | 86 | | |
| E. Lina | | D | 27 | | |
| Reta | | D | 22 | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|----|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 69 | E.D. | 59 |
| | | BIRTHPLACE | | SHEET 13 | |
| COUNTY | | CITY | | | |
| | | Theriville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 49 | | |
| | John | S | 28 | | |
| | Georgia | D | 21 | | |
| | James | S | 18 | | |
| | Lelia | D | 16 | | |
| | Antonette | D | 13 | | |
| | Joseph | S | 11 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 260 | | HEAD OF FAMILY | | LOUISIANA | |
| Lever B Edwards | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 27 | Texas | | | |
| COUNTY | | CITY | | | |
| Rapides | | Boyer | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Grace | | W | 21 | Ky | |
| Lever B Edwards | | S | 8 | | |
| Joseph | | S | 6 | | |
| D. W. W. W. | | D | 4 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|--------------------------|----------------|-----------------------------|------------|--------------------|
| L162 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
71 | BIRTHPLACE
Larergan Eden | | E.D. SHEET
1536 |
| COUNTY
West Feliciana | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lynard | B | 67 | | |
| Catherine | S | 64 | | |
| Henry | B | 57 | | |
| V LHM | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 65 | E.D. | 1 |
| | | BIRTHPLACE | | SHEET | 2 |
| COUNTY | | Acadia | | CITY | |
| | | | | Rayne | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | | | | | |
| AZELLA | | W | 63 | | |
| BROSSARD, WILSON | | C | 15 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | E.O. 32 |
| | | | | SHEET 3 | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Welsh | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 20 | | |
| Augusta M | | D | 1 | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|-----------------|------------|------|
| 2160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| (w) | 34 | Lauriere, E. L. | | 90 |
| COUNTY | CITY | | SHEET | |
| St. James | | 12 | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elmire | (w) | 34 | | |
| E. L. Jr. | S | 3 | | |
| Walter | D | 1 1/2 | | |
| | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY


U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L161 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 22 | Assumption | | 5 13 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cecil | | H | 21 | | |
| Agnes | | D | 10 | | |
| Christie | | D | 9 | | |
| Ernest | | S | 7 | | |
| Elizabeth | | S | 5 | | |
| Mae | | D | 2 | | |

FORM 10-634 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|--|
| 216 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | |
| COUNTY | | Iberia | | CITY | |
| ENUMERATED WITH | | Crocket Leonard | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
 | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | P.O. | SHEET |
| mw | 24 | St. Land. | 110 | 8 |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Mollie | | w | 22 | |
| Ladys | | d | 2 | |
| | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 30 | | 1 | 16 |
| COUNTY | | | | | |
| Acadia | | Acadia | | CITY | |
| | | | | Rayne | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 25 | | |
| Cora | | D | 9 | | |
| Clevens | | D | 7 | | |
| Hons | | D | 5 | | |
| Ernest | | S | 2 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-----|
| 5162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | a | AGE | 30 | E.D. | 109 |
| | | BIRTHPLACE | | SHEET | 27 |
| COUNTY | | | CITY | | |
| Touffesbonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 28 | | |
| Leslie | | D | 9 | | |
| Abby | | S | 7 | | |
| Henry | | S | 5 | | |
| Kissam | | D | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 2460 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 27 | | | 104 | 27 |
| COUNTY | | CITY | | | |
| Terrebonne | | Houma | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Agnes | W | 28 | | | |
| Thay | D | 8 | | | |
| Alphonse | S | 7 | | | |
| Willa | D | 2 | | | |
| Marie J. | S | 1/2 | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| L 162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 40 | BIRTHPLACE | La forge, Elzie E. |
| COUNTY | | West Carroll | | CITY | Oak Grove |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amos R. | | B | 39 | | |
| Emma M. | | Si | 37 | | |
| Katherine | | Si L | 21 | | |
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FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|------------------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | E.D. 113 SHEET 5 |
| COUNTY | | Iberville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Olivia | W | 39 | | |
| | Forest | S | 11 | | |
| | Clairine | S | 9 | | |
| | Annette | D | 7 | | |
| | Anna | P | 7 | | |
| | Eugenia | D | 5 | | |
| | Edmar | S | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 4160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 38 | | | 11 | 2 |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Clarile | W | 37 | | | |
| Emily | D | 16 | | | |
| Philomena | D | 15 | | | |
| Teriger | D | 12 | | | |
| Nidia | S | 9 | | | |
| Annie | D | 8 | | | |
| Daunes | S | 7 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | FAMILY RELATIONSHIP | AGE | BIRTHPLACE |
|--------|---------------------|-----|------------|
| Londes | S | 5 | |
| Filton | S | 3 | |
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FORM 70-636e 14-20-81
1910 CENSUS INDEX

FORM 10-636 14 20-81

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIBAL DC 1319B-P61

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| mw | | 51 | | 82 | 12 |
| BIRTHPLACE | | | | | |
| COUNTY | | Forte Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lucien | S | 25 | | |
| | Alvise | S | 20 | | |
| | Martimes | S | 18 | | |
| | Mary | S | 16 | | |
| | Emilia | S | 13 | | |
| | Ida | S | 10 | | |
| | Pulchere | S | 7 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|-------------------|--|-------|
| 2162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| A | | 9 | Larueville Creole | 123 | 7 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Larueville Natchul | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16190-P-61

10-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

E.D. 109 SHEET 14

HEAD OF FAMILY

2162

COLOR W

AGE 47

BIRTHPLACE

Terrebonne

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Clotilde | W | 30 | |
| Eugene | S | 18 | |
| Frank | S | 17 | |
| Narcisse | S | 14 | |
| Alanna | D | 12 | |
| Celestin | D | 9 | |
| Acquina | D | 7 | |

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|--------------|------------|
| <i>Lizzie</i> | <i>D</i> | <i>6</i> | |
| <i>Uncle</i> | <i>D</i> | <i>3 1/2</i> | |
| <i>Crockett</i> | <i>SD</i> | <i>11</i> | |
| <i>Johnny</i> | <i>SS</i> | <i>10</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOUR-DC 15100-P61

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 38 | | 38 | 36 |
| BIRTHPLACE | | | | | |
| COUNTY | | Lafourche | | CITY | |
| | | | | Thibodaux | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillie M. | | W | 34 | | |
| Margaret L. | | D | 15 | | |
| Aline M. | | D | 13 | | |
| Rose G. | | D | 11 | | |
| Normand C. | | S | 9 | | |
| Carl J. | | S | 4 | | |
| Russell A. | | S | 3/2 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 8162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 39 | | | 24 | P |
| COUNTY | | CITY | | | |
| Iberia | | Jeanerette | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Roy | | S | 18 | | |
| Ernestine | | D | 16 | | |
| Thelma | | D | 13 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|---|------|--|--|
| 4160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.P. | SHEET | |
| Wm | 65 | | 83 | 32 | |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| ENUMERATED WITH | | | | | |
| Antony Robert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> ROOMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-PC1

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 8160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 65 | | | 81 | 20 |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marquette Frank | | 5 | 410 | | |
| Baron John | | 54 | 25 | | |
| Lindell | | 0 | 26 | | |
| Russell | | 55 | 3 | | |
| Hickman | | 65 | 4 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|------------------|
| 2-167 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | La forge Emma M. |
| COUNTY | | West Carroll | | CITY | oak Grove |
| ENUMERATED WITH | | | | | |
| La forge Elzie E. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Si | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 13185-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|------------|---------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Calais, Maine | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | E.D. | 39 | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Ortiea Jones | | SHEET | 33 | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16103-P31

| | | | | | |
|-------------------------|-----|----------------|-----|------------|----|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| Levin, Isaac | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 32 | 23 |
| White | 33 | | | | |
| COUNTY | | CITY | | | |
| Calcasieu | | Wichita | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marthen | | W | 33 | | |
| John | | S | 8 | | |
| Lena | | D | 6 | | |
| Ida | | D | 4 | | |
| Amanda | | D | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2161 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 42 | | 139 | 8 |
| | | BIRTHPLACE | | | |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Beolide | | W | 40 | | |
| Albert | | S | 20 | | |
| Dexter | | S | 18 | | |
| Pier | | S | 16 | | |
| Dorian | | S | 13 | | |
| Agold | | D | 21 | | |
| Lapoint, Pierre | | F | 80 | | |

FORM 19-636 (4-20-81)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|---------------------|
| 5162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 24 | BIRTHPLACE | La Perouse Ernest J |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | W | 23 | | |
| Edna | | D | 3 | | |
| Samson | | S | 1 1/2 | | |
| Pinell Aray | | G F | 95 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---------|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 460 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 65 | E.D. | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | Estelle | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | St. James | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L. Estelle, Felix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 14-20-011

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2162

HEAD OF FAMILY *L. Lorne, Eubert*

LOUISIANA

COLOR *W*

AGE *30*

BIRTHPLACE

R.O. *5*

SHEET *18*

COUNTY *Acadia*

CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------|--------------|-----------|------------|
| <i>Eva</i> | <i>W</i> | <i>25</i> | |
| <i>Eupoa</i> | <i>S</i> | <i>5</i> | |
| <i>Lawry</i> | <i>S</i> | <i>3</i> | |
| <i>Rufus</i> | <i>S</i> | <i>1</i> | |
| <i>Shafe</i> | <i>B</i> | <i>20</i> | |
| | | | |
| | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Laverne, Eugene |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|-----|
| 5162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 62 | E.D. | 122 |
| | | BIRTHPLACE | Mrs Eugene | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Joseph | | S | 30 | | |
| Bridget | | D-L | 25 | | |
| Clark | | G-D | 3 | | |
| Sciger, Henry | | captan | 6 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 78-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-------------------|
| 160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | BIRTHPLACE | E.D. 105 SHEET 11 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Kilchreit, Cumenec | | W | 48 | | |
| Amende | | D | 22 | | |
| Felsin | | SD | 5 | | |
| Micora | | SD | 3 | | |
| Labor, Edras | | S | 24 | | |
| Arace | | S | 18 | | |
| Alida | | D | 16 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Elmer | A | 15 | |
| Raymond | A | 8 | |
| Columbus | A | 6 | |
| Ida | A | 5 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1010-P01

| | | | | | |
|-------------------------|---|----------------|-----|--------------|----|
| H60 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | E.D. | 36 |
| | | BIRTHPLACE | | SHEET 5 | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Selma | | W | 23 | | |
| Bula | | D | 4 | | |
| Grine | | D | 2 | | |
| Lucile | | Si | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|------------------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| 6762 | L. Benjamin Eugene Jr. | | E.O. 67 |
| COLOR | AGE | BIRTHPLACE | SHEET 11 |
| | 11 | | |
| COUNTY | Livingston | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Sylvia | W | 37 | |
| Marie | | 11 | |
| Eugene Jr. | S | 11 | |
| Alfred | S | 13 | |
| Leontine | D | 2 | |
| Henry | D | 11 | |
| Marie | S | 8 | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|------------|------------|
| <i>Yolli</i> | <i>S</i> | <i>5</i> | |
| <i>Charles</i> | <i>D</i> | <i>3</i> | |
| <i>Son</i> | <i>D</i> | <i>1/2</i> | |
| | | | |
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10-636a (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| Laverne Eugene H. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 56 | | | | |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Amyatt | W | 53 | | | |
| Maise | S | 26 | | | |
| Clement | S | 22 | | | |
| Coralie | D | 20 | | | |
| Remy | S | 18 | | | |
| Florence | D | 13 | | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|------|-----------|--|
| 716c | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lauriere Eula | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 12 13 | |
| W | 4 | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| ENUMERATED WITH | | | | | |
| Crocket Leonard | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

| | | | | | |
|--|---|--------------------|----|------------|--------|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | France |
| COUNTY | | St. Bernard | | CITY | |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>SI</u> </div> </div> | | | | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOPM-DC 10100-P61

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| w | 75 | Labarre Euphrosine | | 10 | 26 |
| COUNTY | | CITY | | | |
| Assumption | | | | | |
| ENUMERATED WITH | | | | | |
| Labarre Fred | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input checked="" type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P61

| | | | | | |
|-----------------------|---|---|----|------------|-----------|
| L162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Tex |
| COUNTY | | Lafayette | | CITY | Lafayette |
| ENUMERATED WITH | | L. Luckinger, W. J. | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>Bo.</u> </div> </div> | | | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | | | |
|--|--|---|------------|---|-------|
| L 162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| MW | | 23 | | 10 | 11 |
| COUNTY | | | CITY | | |
| Acadia | | | Crowley | | |
| ENUMERATED WITH | | | | | |
| Walker Agnes | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Cousin | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIV.

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-NC 18106-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2/10 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 28 | | 32 | 10 |
| COUNTY | | | CITY | | |
| Calcasieu | | | Welsh | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 26 | | |
| Ada | | D | 5 | | |
| Edward L | | S | 5 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|----------------|
| L162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 7 | BIRTHPLACE | E.D. 4 SHEET 6 |
| COUNTY | | Acadia | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div></div> <div>Richard Tonsant</div> <div>orphan</div> </div> | | | | | |

FORM 18-637 (4-20-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1818B-P01

| | | | | | | | |
|-------------------------|---|----------------|-----|---------------------|--------|-----------|----|
| 2162 | | HEAD OF FAMILY | | Lobovist F.A.B. Rev | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | Canada | E.D. | 36 |
| COUNTY | | | | Vermillion | CITY | Abbeville | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Armanda | | D | 19 | Mich | | | |
| Adeline | | D | 14 | / | | | |
| Jacossa & J. N. Mrs | | Si | 52 | Canada | | | |
| + 2 Se | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|-----|------------|--------------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Miss. |
| COUNTY | | Langipahoa | | CITY | Independence |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Edna | W | 23 | Miss | |
| | Ruth H | D | 2 | Miss | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|-------------------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Louiseville, Ind. |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lelia | w. | 25 | | |
| | Donatille | d. | 9 | | |
| | Theodore | s. | 7 | | |
| | Theobert | s. | 5 | | |
| | Arora | d. | 3 | | |
| | Josque | s. | 1 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|--|-----------------|--|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| B | | 30 | | 126 | |
| BIRTHPLACE | | Felicie | | SHEET 10 | |
| COUNTY | | ST. MARTIN | | CITY | |
| | | | | St. Martinville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | | AGE | |
| | | | | BIRTHPLACE | |
| Joe | | S | | 15 | |
| James | | S | | 11 | |
| Victorine | | D | | 10 | |
| Isidore | | S | | 5 | |
| Ida | | D | | 3 | |
| Lillie | | S | | 20 | |

FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------|------------|------|
| L-160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 24 | Larocque Felix | | 11 |
| SHEET 17 | | | | |
| COUNTY | | | | |
| Acadia | | | CITY | |
| Crowley | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| - Anna | sw | 27 | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------------|-----------------------------------|-----------|-----------------------------|-----------------|
| R162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR <i>mu</i> | AGE <i>33</i> | BIRTHPLACE <i>Acervoize Felix</i> | | E.O. <i>126</i> | SHEET <i>10</i> |
| COUNTY | | St. Martin | | CITY <i>St. Martinville</i> | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / <i>Laraine</i> | | <i>w</i> | <i>31</i> | | |
| <i>Ervin</i> | | <i>D</i> | <i>20</i> | | |
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FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|--|
| 6161 | | HEAD OF FAMILY | | LOUISIANA | |
| Li Brant Felix | | E.D. | | SHEET | |
| COLOR | W | AGE | 57 | BIRTHPLACE | |
| COUNTY | | | | | |
| St. James | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Margaret | W | 53 | | | |
| Felix Jr | S | 28 | | | |
| Walter | S | 26 | | | |
| Frederic | S | 24 | | | |
| Charles | S | 16 | | | |
| Henry | D | 18 | | | |
| Josephine | D | 17 | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| 840 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 36 | | 56 | 28 |
| BIRTHPLACE | | f | | | |
| COUNTY | | | CITY | | |
| riaquemines | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Harriett | w | 30 | | |
| | George D | s | 11 | | |
| | Melanie | d | 7 | | |
| | Georgiana | d | 5 | | |
| | Abraham | s | 3 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------------------------|-----|------------|
| L160 | HEAD OF FAMILY
Leopoldo Felix | | |
| E.D.
66 | SHEET
42 | | |
| COLOR
- blue | AGE
42 | | |
| BIRTHPLACE | | | |
| COUNTY
St. James | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary | W | 42 | |
| Beatriz | D | 18 | |
| Seifine | S | 15 | |
| Reynold | S | 14 | |
| Emilio | S | 9 | |
| Joseph | S | 6 | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|-------------------------|------------|-------------------|
| 8162 | HEAD OF FAMILY
Felix | | E.D. 128 SHEET 10 |
| COLOR
Mn | AGE
43 | BIRTHPLACE | |
| COUNTY
St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Enma | W | 31 | |
| Enma | D | 22 | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 1/62 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| W | | 26 | | 123 | 5 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 25 | | |
| Egheude | | D | 22 | | |
| Elin | | B | 5 | | |
| Lawrence | | S | 3 | | |
| | | | 1 | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | | | |
| 123 | | 19 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| mul | 28 | | | | |
| COUNTY | St Landry | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | w | 26 | | |
| Osana | | d | 8 | | |
| Osama | | d | 6 | | |
| Alice | | d | 4 | | |
| Enevia | | d | 2 | | |
| Willie | | r | 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| Lauvriere Felipe | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 50 | | | | |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edoe | | w | 46 | | |
| Marie | | d | 26 | | |
| Didia | | s | 19 | | |
| Leance | | s | 17 | | |
| Villain | | s | 15 | | |
| Ledia | | d | 12 | | |
| Norway | | s | 7 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| K-166 | | HEAD OF FAMILY | | LOUISIANA | |
| Laurier Fepoll | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 21 | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mattie | | w | 25 | | |
| Haywood | | v | 3/4 | | |
| Boader | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 462 | | HEAD OF FAMILY | | LOUISIANA | |
| Lapeyrouse | | Fermat | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 128 | 17 |
| W | 34 | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 24 | | |
| Rapha Lumina | | Rapha | 11 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|---|------------------|-------------------|--------------------|
| | | LOUISIANA | |
| NAME OF INDIVIDUAL
<i>Albino Fournier Fernest</i> | | E.D.
<i>12</i> | SHEET
<i>22</i> |
| COLOR
<i>W</i> | AGE
<i>78</i> | BIRTHPLACE | |
| COUNTY | | CITY | |
| ENUMERATED WITH <i>Le Biste Joseph</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1819B-P61

| | | | | | |
|-------------------------|------|----------------|-----|------------|-------|
| 2142 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 25 | Therese | | 29 | 13 |
| COUNTY | | CITY | | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Rose | W | 19 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L160 | NAME OF INDIVIDUAL <i>Labarre Florence</i> |
| E.O. 10 | SHEET 26 |
| COLOR <i>W</i> | AGE <i>11</i> |
| BIRTHPLACE | |
| COUNTY <i>Assumption</i> | CITY |
| ENUMERATED WITH <i>Barlow Malcolm</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | | | | | |
|---|----------|---|----|--|-------|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| La Bra Francis M | | E.O. | | SHEET | |
| COLOR | W | AGE | 54 | BIRTHPLACE | Italy |
| COUNTY | St. Mary | CITY | | | |
| ENUMERATED WITH | | La Bra Peter | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15125-P41

| | | | | | |
|--|--|---|---------------|---|-------|
| 8160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| mm | | 41 | Louper, Frank | 77 | 6 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Francis, John. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
2 Cl | |

FORM 16-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P01

LOUISIANA

| | | | | |
|--|--|--|-------------------|-------------------|
| <i>L160</i> | NAME OF INDIVIDUAL
<i>Leperian, Frank</i> | | E.D.
<i>95</i> | SHEET
<i>1</i> |
| COLOR
<i>W</i> | AGE
<i>22</i> | BIRTHPLACE
<i>Italy, Italian</i> | | |
| COUNTY
<i>St. Mary</i> | CITY
<i>Peter Lake</i> | | | |
| ENUMERATED WITH
<i>Peter Lake</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 16-637 (6-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16109-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| Laper Frank | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 50 | | | | |
| COUNTY | | Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| - Mariak | | m | 75 | LC | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| a | 36 | | | 56 |
| COUNTY | | SHEET | | |
| Cameron | | 3 | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | H | 28 | | |
| Will | D | 11 | | |
| James | S | 9 | | |
| Anna | D | 7 | | |
| Ellen | D | 5 | | |
| Emile | S | 3 | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L/60 | | NAME OF INDIVIDUAL
<i>Looper, Frank</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.D.
<i>83</i> | | SHEET
<i>6</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>57</i> | BIRTH PLACE
<i>Miss</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Madison</i> | | <i>Salmon</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Brown, J S</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> BROTHER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> BROTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| <i>L160</i> | NAME OF INDIVIDUAL
<i>Lifair Frank</i> | | E.O.
<i>102</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>5</i> | BIRTHPLACE
<i>NY</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY
<i>Orleans</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lifair Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>orphan</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>orphan</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>orphan</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1819B-P61

| LOUISIANA | | | |
|-------------------------------|---------------------------------------|------------|------------------|
| I-160 | HEAD OF FAMILY
<i>Lafrae Frank</i> | | E.D. 142 SHEET 3 |
| COLOR
<i>W</i> | AGE
<i>34</i> | BIRTHPLACE | |
| COUNTY
<i>West Carroll</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Ellie</i> | <i>W</i> | <i>17</i> | |
| <i>Tomie J.</i> | <i>B</i> | <i>23</i> | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|--|---|------|-------------------|--------------------|
| X162 | | NAME OF INDIVIDUAL
<i>Laforgue Frank</i> | | E.D.
<i>83</i> | SHEET
<i>11</i> |
| COLOR
<i>B</i> | AGE
<i>17</i> | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
<i>Pointe Coupee</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>James Marguerite</i> | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| | | LOUISIANA | |
|-----------------------------|--------------------------------------|--------------|------------------|
| L160 | HEAD OF FAMILY
<i>Labane Fred</i> | | E.D. 10 SHEET 26 |
| COLOR
<i>W</i> | AGE
<i>32</i> | BIRTHPLACE | |
| COUNTY
<i>Assumption</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>1 Euphrosine</i> | | <i>M</i> | <i>75</i> |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---|--------------------------------|--|--|
| L160 | NAME OF INDIVIDUAL | | E.D. | | | | | | | | | | | | | | | | | | | | | | | | |
| | Laper, Frederick | | 77 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. John the Baptist | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donis, Lucile | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>S</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16106-P61

| LOUISIANA | |
|-------------------------|----------------|
| L-160 | HEAD OF FAMILY |
| 20 | 40 |
| COLOR | BIRTHPLACE |
| Acadia | Germany |
| COUNTY | CITY |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| AGE | BIRTHPLACE |
| Karoline | w |
| 36 | Germany |
| August | s |
| 18 | Germany |
| Frederick | s |
| 16 | Germany |
| Emma | d |
| 14 | Germany |
| Ernest | s |
| 11 | Germany |
| Arthur | s |
| 6 | Germany |
| Lydia | d |
| 5 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|----------|------------|
| <i>Paul</i> | <i>s</i> | <i>2</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-10 10100-P01

LOUISIANA

| | | | | | |
|--|------------------|---|--|---|------------|
| 2161 | | NAME OF INDIVIDUAL
<i>Le Bonif L</i> | | E.D.
102 | SHEET
8 |
| COLOR
<i>W</i> | AGE
<i>56</i> | BIRTHPLACE | | | |
| COUNTY
<i>Ouachita</i> | | CITY
<i>Monroe</i> | | | |
| ENUMERATED WITH
<i>Wright SR</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18169-P61

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|-------------|
| L162 | | NAME OF INDIVIDUAL
<i>Lafourcade, Gabriel J.</i> | | E.O.
92 | SHEET
13 |
| COLOR
<i>mc</i> | AGE
<i>20</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Tammany</i> | | CITY | | | |
| ENUMERATED WITH
<i>Baham Pierre</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | | <input type="checkbox"/> NEPHEW | | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | | <input type="checkbox"/> NIECE | | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | | <input type="checkbox"/> FATHER-IN-LAW | | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | | <input type="checkbox"/> MOTHER-IN-LAW | | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | | <input type="checkbox"/> SON-IN-LAW | | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | | <input type="checkbox"/> DAUGHTER-IN-LAW | | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19199-P01

LOUISIANA

| | | | | | | |
|-------------------------|----------------|-----------------|------------------------|------------|------|-------|
| <i>L160</i> | HEAD OF FAMILY | | <i>Lebeaux, Gustav</i> | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | | |
| <i>MU</i> | <i>37</i> | | | | | |
| COUNTY | | <i>St. Mary</i> | | CITY | | |
| | | <i>Franklin</i> | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| <i>Josephine</i> | | <i>W</i> | <i>44</i> | | | |
| <i>Defina</i> | | <i>D</i> | <i>24</i> | | | |
| <i>Bessie</i> | | <i>SL</i> | <i>30</i> | | | |
| <i>Willard</i> | | <i>GD</i> | <i>4</i> | | | |
| <i>Gertrude</i> | | <i>GD</i> | <i>3</i> | | | |
| <i>St. Louis</i> | | <i>GS</i> | <i>1 1/2</i> | | | |
| <i>Leason</i> | | <i>MA</i> | <i>60</i> | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------|--------------|-----|------------|
| Leason, Edna | Nl | 18 | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|-------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 160 | NAME OF INDIVIDUAL
<i>Livar, George</i> | | E.O.
39 | SHEET
11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
11 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
East Feliciana | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Johnson, David</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input checked="" type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P01

| | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|
| 5162 | | HEAD OF FAMILY | E.D. 32 |
| COLOR W | | AGE 43 | SHEET 2 |
| | | BIRTHPLACE | |
| COUNTY Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / Pauline | W | 48 | |
| / Sadie | S | 19 | |
| / Rini | S | 13 | |
| | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|------------------|-----|------------|---------|
| F-160 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Laker, George A. | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 30 | | | | |
| COUNTY | Washington | | | CITY | Orleans |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Cara | | W | 26 | | |
| / George Jr | | 5 | 5 | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 22 | Lre. | 11 | 10 |
| COUNTY | | Catahoula | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Fanny | w | 20 | Fla | |
| Katie | dr | 2 | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|---------------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | Laverne Geraz |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Emma | W | 39 | | |
| | Alexander | S | 23 | | |
| | Chayre | D | 19 | | |
| | Aimee | S | 17 | | |
| | Milton | S | 14 | | |
| | Lalla | S | 11 | | |
| | Jerry | S | 7 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | |
|----------------------------|--|-------------|
| HEAD OF FAMILY - CONTINUED | | LOUISIANA |
| OTHER MEMBERS OF FAMILY | | CARD 2 OF 2 |

CARD 2 OF 2

| | | |
|-------------------------|--|----------|
| OTHER MEMBERS OF FAMILY | | END OF 2 |
|-------------------------|--|----------|

[illegible]

FORM 10-434a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15100-P81

| | | | | | |
|---|------------------|--|------|-------------------|-------------------|
| 2160 | | NAME OF INDIVIDUAL
<i>Lever, Gertrude</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>17</i> | BIRTHPLACE | | E.D.
<i>33</i> | SHEET
<i>6</i> |
| COUNTY
<i>East Baton Rouge</i> | | | CITY | | |
| ENUMERATED WITH
<i>Cole, Ellis</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
<i>D</i> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15 COMB-DC 1910-P61

15194-061

| | | | | | | | |
|-------------------------|---|----------------|-----|----------------|--|-----------|----|
| 2160 | | HEAD OF FAMILY | | Louisian Gille | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | | E.D. | 45 |
| | | | | | | SHEET | 12 |
| COUNTY | | | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Lucille | | G | 19 | | | | |
| Paulina | | D | 3 | | | | |
| Jessie | | D | 2 | | | | |
| Sandra | | B | 17 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|-------|
| L 162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 51 | BIRTHPLACE | Illas |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Emma | W | 63 | | | |
| Maries | D | 20 | | | |
| Salute | D | 18 | | | |
| Chas | D | 16 | | | |
| Leonard | D | 14 | | | |
| Martia | S | 12 | | | |
| Meltrina | D | 7 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | CARD 2 OF 2 |
|-------------------------|--------------|-----|-------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / Eda | D | 5 | |
| Auntie S | S | 1 | |
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FORM 10-636e (4-20-61)
1970 CENSUS INDEX - FAMILY X-10

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 13100-P61

| | | | | | |
|--|-----|---|-------------------|--|--|
| 102
101 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 15 | | 83 | 11 | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Pointe Coupee | | |
| RELATIONSHIP TO ABOVE | | | Jones, Marguerite | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC0046-DC 1910-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------------|
| L 160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | BIRTHPLACE | Sailorville, Miss J |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 7160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 27 | | | 12 | 7 |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugene | | 2 | 22 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 5162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Laprouse, Guston |
| COUNTY | | Teitebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Daughline | | W | 16 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|--------------------|
| 2162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | Lagerosse, Gustave |
| COUNTY | | CITY | | E.D. | SHEET |
| | | Plaquemine | | 57 | 6 |
| ENUMERATED WITH | | | | | |
| Chapman, Freda | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SN | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18182-P01

| | | | | | |
|-------------------------|---|----------------|-------|------------|--------------------|
| 8162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Lapeyrouse Gustone |
| E.D. | | SHEET | | | |
| 108 | | 21 | | | |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Kate | | W | 29 | | |
| Gertrude | | D | 2 | | |
| John P. | | S | 1 1/2 | | |
| | | | | | |
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FORM 18-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|--------------------|--------------|-----------|------------|
| L 160 | HEAD OF FAMILY | | LOUISIANA | |
| | LOUVIER, HARRIETTE | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | 1 | 2 |
| mu | 55 | | | |
| COUNTY | Acadia | CITY | Rayne | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| DORA | | D | 16 | |
| MARY | | D | 14 | |
| IDA | | D | 10 | |
| HARRY | | S | 7 | |
| | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| | | BIRTHPLACE | | 32 | 5 |
| w. Earl Baton | | Italy | | | |
| COUNTY | | CITY | | | |
| | | Baton Rouge | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Ethel J | | w | 21 | Ill | |
| Katie Edward G | | S-L | 48 | Ohio | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 26 | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | 62 | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Ark. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| La Salle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Colgrove Sam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|--|--|---|--------------|---|-------|
| 4161 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 25 | Ill | 36 | 19 |
| COUNTY | | | CITY | | |
| Calcasieu | | | Lake Charles | | |
| ENUMERATED WITH | | | | | |
| Chester Alexander | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|---|---|---|------|--|-------|
| C160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Loren Henry | | E.O. | SHEET |
| COLOR | W | AGE | 65 | 142 | 3 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| West Feliciana | | | | | |
| ENUMERATED WITH | | | | | |
| Curtain Mollie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input checked="" type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (10-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18195-P61

| | | | | | | | |
|-------------------------|---|----------------|-----|--------------|--|-----------|-----|
| 8160 | | HEAD OF FAMILY | | Louisa Henry | | LOUISIANA | |
| COLOR | B | AGE | 35 | BIRTHPLACE | | E.D. | 6-6 |
| COUNTY | | St. James | | CITY | | SHEET 15 | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Zella | | W | 32 | | | | |
| Louisa | | S | 15 | | | | |
| Ben | | B | 20 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 14 | 36 | Louise Henry | | 110 | 6 |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucia | | W | 31 | | |
| Lelia | | A | 14 | | |
| Artis | | S | 12 | | |
| Edna | | A | 10 | | |
| Nellie | | A | 7 | | |
| Fluence | | A | 5 | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------------|---------------|----------------------------------|-----------|-----------------|-----------------|
| 2162 | | HEAD OF FAMILY <i>Lapuyrauge</i> | | LOUISIANA | |
| COLOR <i>W</i> | AGE <i>16</i> | BIRTHPLACE <i>La. Bay</i> | | E.D. <i>106</i> | SHEET <i>10</i> |
| COUNTY <i>Terrebonne</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Celestine</i> | | <i>W</i> | <i>20</i> | | |
| <i>Bartholomew Lapuyrauge</i> | | <i>SV</i> | <i>16</i> | | |
| <i>Lecompte Lapuyrauge</i> | | <i>SV</i> | <i>12</i> | | |
| <i>Lapuyrauge Eda</i> | | <i>D</i> | <i>7</i> | | |
| <i>Armstrong</i> | | <i>S</i> | <i>5</i> | | |
| <i>Mitchell</i> | | <i>S</i> | <i>13</i> | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|-------|--|------|
| P162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 57 | E.D. | 1536 |
| BIRTHPLACE | | | SHEET | | |
| COUNTY | | | CITY | | |
| West Feliciana | | | | | |
| ENUMERATED WITH | | | | | |
| Laverger Ellen | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18109-P81

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------|
| 5462 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | St. Landry |
| E.D. | | 121 | | SHEET | |
| 21 | | | | | |
| COUNTY | | | | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eve | | w | 57 | | |
| Blanch | | d | 6 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------------|------------|-------|
| 1162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 44 | | 122 | 27 |
| COUNTY | | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Onelia | W | 40 | | |
| | Anna | D | 16 | | |
| | Francis | D | 14 | | |
| | Leone | S | 12 | | |
| | Homer Jr. | S | 10 | | |
| | Elmer | D | 8 | | |
| | Ira | S | 6 | | |

FORM 10-836 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8162 | | NAME OF INDIVIDUAL
<i>Leibrich Hy</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE | | E.D.
<i>102</i> | SHEET
<i>8</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Ouachita</i> | | CITY
<i>Monroe</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lickile Frank</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P61

| | | | | | | | |
|----------------------------|--|---------------------------------|------------|--------------------------|--|------------|--|
| L162
COLOR
W | | HEAD OF FAMILY
Labaur Ignace | | LOUISIANA
E.D.
136 | | SHEET
7 | |
| | | AGE
38 | BIRTHPLACE | | | | |
| COUNTY
West Baton Rouge | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Agatha | | W | 37 | | | | |
| Mary | | D | 16 | | | | |
| Claudia | | D | 14 | | | | |
| Edith | | S | 12 | | | | |
| Les | | D | 10 | | | | |
| Lena | | S | 8 | | | | |
| Lester | | S | 6 | | | | |

FORM 10-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

157-10000-100 14100-100

1-108-1-61

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| 5162 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | | E.O. | |
| W | | 40 | | 115 | |
| BIRTHPLACE | | 24. | | SHEET | |
| COUNTY | | Tangipahoa | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Maria | W | 40 | | |
| | Josephine | d | 16 | | |
| | Matilda | d | 10 | | |
| | Angela | s | 9 | | |
| | Tom | s | 8 | | |
| | Vincent | s | 7 | | |
| | Angelina | d | 5 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC 044417 15198-101

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|------------------|--------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| L/160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>W</i> | <i>22</i> | <i>Louviere Ingelle</i> | | <i>22</i> | <i>5</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Iberia</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Louviere Brunelle</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | |
|--|--|---|--|--|--|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR B | | AGE 2 | | BIRTHPLACE | |
| COUNTY | | CITY | | E.D. 77 SHEET 12 | |
| ENUMERATED WITH | | St. John the Baptist | | Donis, Lucile | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1518B-P61

| | | | | | |
|--|------------------|--|--|--|-------------------|
| 2160 | | NAME OF INDIVIDUAL
<i>Laborie, Isidore</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>25</i> | BIRTHPLACE | | E.D.
<i>83</i> | SHEET
<i>1</i> |
| COUNTY | | Pointe Coupee | | CITY | |
| ENUMERATED WITH | | | | | |
| <i>Jefferson, Isidore</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 18 | | | 125 | 3 |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Henriette | | W | 38 | | |
| Benjamin | | S | 23 | | |
| Hans | | S | 21 | | |
| Albert | | S | 14 | | |
| Bradd Elizabeth | | S 12 | 18 | | |
| Forsteroy Aide | | S 24 | 10 | | |
| Lee Joseph | | N | 16 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|-------|
| L162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Lafergue, Lusk | | E.O. | SHEET |
| COLOR | AGE | BIRTH PLACE | | | |
| W | 16 | | | | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Kinder | |
| ENUMERATED WITH | | | | | |
| Marcantel, John B. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16189-P81

| L 160 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 37 | | | | |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| M. A. | H | 31 | Miss | | |
| Lynna | D | 14 | | | |
| Charles | D | 9 | | | |
| Kate | D | 7 | | | |
| Bessie | D | 5 | | | |
| Johnnie | D | 2 | | | |
| Cleora | D | 6/12 | | | |

FORM 16-636 (4-29-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 42 | La | 96 | 9 |
| COUNTY | | | CITY | | |
| Rapides | | | Pine Lake | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary O | | W | 36 | La | |
| Grosia | | D | 8 | | |
| Louise E | | S | 6 | | |
| Matthe | | D | 5 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|-----|------------|-------------|
| L 166 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 40 | BIRTHPLACE | Laper, Jack |
| COUNTY | | Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | General | S | 13 | | |
| | Ella L | D | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF

Blackington Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
SEARCHED EVERYWHERE

Soundex
QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | l | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

LOUISIANA

| | | | | | |
|---|-----------------|---|--|--|-------------------|
| P 162 | | NAME OF INDIVIDUAL
<i>Lefraux, James</i> | | E.D.
<i>55</i> | SHEET
<i>2</i> |
| COLOR
<i>Wm</i> | AGE
<i>7</i> | BIRTHPLACE | | | |
| COUNTY
<i>Iberville</i> | | CITY
<i>Plaquemine</i> | | | |
| ENUMERATED WITH
<i>Lefraux Mary J</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOP-DC 15199-P61

LOUISIANA

| | | | | |
|-------------------------|--|-----------------|------------|-------------|
| L162 | HEAD OF FAMILY
<i>Laverne James</i> | | E D.
3 | SHEET
24 |
| COLOR
<i>B</i> | AGE
32 | BIRTHPLACE
8 | | |
| COUNTY
Acadia | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Emma</i> | | <i>W</i> | 22 | |
| <i>Faith</i> | | <i>S</i> | 6 | |
| <i>Ernest</i> | | <i>S</i> | 5 | |
| <i>Ene</i> | | <i>S</i> | 3 | |
| <i>Ethel</i> | | <i>D</i> | <i>1/2</i> | |
| <i>Lacy</i> | | <i>D</i> | 7 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|---|--|--|-------|
| 4160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 20 | | 136 | 14 |
| COUNTY | | BIRTHPLACE | | | |
| | | St. Martin | | St. Martinville | |
| ENUMERATED WITH | | Johnson Valerie | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| L-160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | James | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Henry, Harry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| L160 | NAME OF INDIVIDUAL
<i>Larson James</i> | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>10</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>St. Landry</i> | | <i>Henry Harry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-----------------|--------------|------|------------|
| L160 | HEAD OF FAMILY | | E.D. | SHEET |
| | Libbey, James I | | 111 | 5 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 70 | Miss | | |
| COUNTY | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Luise | | 4p | 68 | |
| Effie | | 2 | 29 | |
| Fisher, Howell | | m | 21 | |
| + 2 bo | | | | |
| | | | | |
| | | | | |
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FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|---|----------------|-----|-----------------------|--|------|-------|
| L 162 | | HEAD OF FAMILY | | J. A. Proix, James P. | | E.D. | SHEET |
| COLOR | 4 | AGE | 38 | BIRTHPLACE | | | |
| COUNTY | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Laura | | W | 31 | | | | |
| Randolph | | S | 9 | | | | |
| Walter | | S | 17 | | | | |
| Lillian | | D | 6 | | | | |
| Lillian | | D | 3 | | | | |
| Lillian | | D | 1 | | | | |

FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| 160 | HEAD OF FAMILY | | E.D. 78 |
| | James D. | | SHEET 10 |
| COLOR | AGE | BIRTHPLACE | |
| W | 62 | | |
| COUNTY | Pointe Coupee | | CITY |
| | | | Marganga |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 James D. | | 32 | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | |
|--|--|--|
| 8160 | NAME OF INDIVIDUAL <i>Lahray James S Jr.</i> | |
| COLOR <i>W</i> | AGE <i>18</i> | BIRTHPLACE |
| COUNTY <i>Pointe Coupee</i> | | CITY <i>Margouza</i> |
| ENUMERATED WITH <i>Parche, Donna J.</i> | | |
| RELATIONSHIP TO ABOVE | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|---------------|------------|------------|
| E.D. | SHEET | | |
| 2162 | 78 | 10 | |
| COLOR | AGE | BIRTHPLACE | |
| W. | 37 | | |
| COUNTY | Pointe Coupee | CITY | |
| Natchez | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Charles | 2 | 17 | |
| Alfred | 2 | 17 | |
| Frederic | D | 15 | |
| Agnes | D | 12 | |
| Charles | 2 | 10 | |
| Augusta | 2 | 7 | |
| Craig | 21 | 50 | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 16100-F-61

| | | | | | |
|-------------------------|--|------------------|------------|------------|-------|
| L162 | | HEAD OF FAMILY - | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| | | | | 76 | 20 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|--|----------------|--|-------------------|--|------------|--|
| 7162 | | HEAD OF FAMILY | | Liverston Jeatina | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| Mm | | 37 | | | | 20 19 | |
| COUNTY | | | | CITY | | | |
| Iberia | | | | New Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Living alone | | | | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L161 | NAME OF INDIVIDUAL
<i>Le Brun, James</i> |
| COLOR
<i>B</i> | AGE
<i>9</i> |
| BIRTHPLACE | |
| COUNTY
<i>Concordia</i> | CITY |
| ENUMERATED WITH
<i>Richards, Simon E</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (2-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

| | | | | | |
|-------------------------|--|----------------|-------------|-------------|-------|
| 460 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 56 | St. Italian | 95 | 6 |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Beago | | W | 48 | St. Italian | |
| Toney | | S | 2 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|----------|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 39 | BIRTHPLACE | Italy |
| COUNTY | | | St. Mary | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Francis | | W | 30 | Italy | |
| Angela | | D | 17 | Italy | |
| Maria | | S | 13 | Italy | |
| Jacqueline | | D | 16 | Italy | |
| Joe | | S | 8 | Italy | |
| Mary | | D | 1 | | |
| Liana Congelloni | | M | 68 | Italy | |

FORM 10-436 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|----------------|-----|------------|-------|
| L161 | | HEAD OF FAMILY | | LOUISIANA | |
| Lebrary | | Joe | | E.O. | SHEET |
| COLOR | W | AGE | 27 | 39 | 2 |
| BIRTHPLACE | | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Sarah | W | 20 | | |
| | Joe A | S | 1 | | |
| Rigel | Andee | BL | 23 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| 8102 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | St. James |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 42 | | |
| Marguerite | | D | 16 | | |
| Nemee | | D | 13 | | |
| Mary | | D | 4 | | |
| Lucille | | D | 3 | | |
| Nemie | | M | 73 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|--|-------|
| 2162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | Morehouse | Austria | 91 | 4 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Taber, Luka | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> DOORMAN
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| st | | Italy | | 97 | 21 |
| COUNTY | | CITY | | | |
| St. Mary | | Morgan | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Isidoro | | h | 60 | Italy | |
| Theresa | | D | 19 | | |
| Th. Blaise | | S | 16 | | |
| L. Cook | | S | 14 | | |
| | | | | | |
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FORM 18-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------------|
| L 160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
B | AGE
35 | BIRTHPLACE | | E.D. 75 SHEET 17 |
| COUNTY | | CITY | | |
| Do Soto | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / Lizzie | | W | 30 | |
| Thos | | S | 2 | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L-160 | | HEAD OF FAMILY | | LOUISIANA | |
| Zeleus John | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 48 | | | | |
| COUNTY | | | CITY | | |
| West Carroll | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Menevy | | W | 58 | | |
| Duell | | D | 23 | | |
| Pearl | | D | 20 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------|------------|-----|
| 2166 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | E.D. | 139 |
| | | BIRTHPLACE | | SHEET | 9 |
| COUNTY | | | Vermillion | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jessie | | W | 25 | | |
| Sidney | | S | 4 | | |
| Melia | | D | 3 | | |
| Glorie | | S | 2 | | |
| Polar | | P | 8 1/2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 43 | | 5 | 13 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 42 | | |
| John | | S | 20 | | |
| Felix | | S | 18 | | |
| Azelia | | D | 15 | | |
| Julien | | S | 12 | | |
| Lazina | | OL | 22 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Wm | | 21 | | 110 | 8 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | w | 20 | | |
| Harrington | | s | 7/12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| 5/160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Jackson |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angeal | | W | 31 | | |
| Eddie | | D | 11 | | |
| Edith | | D | 5 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| Lauriere John | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 31 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clarence W | | | 28 | | |
| Gerard | | | 7 | | |
| Mary | | | 5 | | |
| Edman | | | 3 | | |
| Martha | | | 1 1/2 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|--|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| LABRIE, John | | E.D. | | 564 | |
| COLOR | W | SEX | M | BIRTHPLACE | |
| COUNTY | | Cameron | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillian | | W | 24 | | |
| Mabel | | S | 5 | | |
| George | | S | 2 | | |
| Spilton | | S | 4 1/2 | | |
| Benott, Angraville | | B | 22 | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| L160
B | 29 | Ark | 30 | 10 |
| COUNTY
Clai borne | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosa | W | 24 | | |
| Ruben | S | 6 | | |
| Pearl | D | 4 | | |
| Gertrude | D | 2 | | |
| Clemman | S | 1 | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L160 | NAME OF INDIVIDUAL
<i>Louise John</i> |
| ED.
128 | SHEET
26 |
| COLOR
W | AGE
17 |
| BIRTHPLACE | |
| COUNTY
<i>St. Martin</i> | CITY |
| ENUMERATED WITH
<i>Louise Leonce</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> Niece
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|----------------|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| 2160 | | NAME OF INDIVIDUAL <i>Louper, John</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>B</i> | AGE <i>7</i> | BIRTHPLACE | | E.D. <i>77</i> | SHEET <i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>St. John the Baptist</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Louis, Lucile</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2100 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| mu | 56 | | | 77 | 7 |
| COUNTY | | CITY | | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 49 | | |
| Adeline | | D | 15 | | |
| Danold | | S | 13 | | |
| Frank | | S | 11 | | |
| Walter | | S | 8 | | |
| Berthe | | D | 3 | | |
| Ann | | D | 0 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| Zafargue | | John B | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 80 | 5 |
| White | 50 | | | | |
| COUNTY | | CITY | | | |
| Hapides | | De la Harpe | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Sarah | | W | 40 | | |
| Jas. W. Mayo | | N | 18 | | |
| 1 Lee | | N | 7 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L 160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| w | 62 | | | 127 | 16 |
| COUNTY | | | CITY | | |
| St Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Loubar | | w | 47 | | |
| Emma | | d | 16 | | |
| Pauline | | d | 13 | | |
| Alice | | d | 11 | | |
| David | | s | 8 | | |
| Duke | | s | 6 | | |
| | | | | | |
| | | | | | |

Form 18-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|--|----|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 9 | E.D. | 77 |
| | | BIRTHPLACE | | SHEET 12 | |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| ENUMERATED WITH | | | | | |
| Donis, Lucile | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louiére | | Joseph | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 13 | 128 | 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Martin | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rodriguez Joseph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18183-P81

| | | | | |
|-------------------------|-----------------|-----|------------|-------|
| L160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR. | NAME | | ED | SHEET |
| W | Labaree, Joseph | | 49 | 21 |
| AGE | BIRTHPLACE | | | |
| 50 | | | | |
| COUNTY | CITY | | | |
| Calcasieu | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | W | 38 | | |
| Lucas | M | 13 | | |
| Alphonse | M | 12 | | |
| Edouard | M | 10 | | |
| Vasilina | M | 6 | | |
| Alexis | M | 4 | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|------------------|------------|------------|------|
| 2160 | | HEAD OF FAMILY . | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 30 | | | 10 |
| COUNTY | | | SHEET | | |
| Ascension | | | 11 | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Mary | | W | 30 | | |
| Daisy | | D | 5 | | |
| Paul | | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| P160 | | HEAD OF FAMILY | | LOUISIANA | |
| LUVIER, JOSEPH | | E.D. | | SHEET | |
| COLOR | W | AGE | 40 | BIRTHPLACE | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| LOUISE | | W | 36 | | |
| OLIVA | | D | 21 | | |
| OSCAR | | S | 19 | | |
| LADDIS | | D | 17 | | |
| JOSEPH | | S | 14 | | |
| LOUIE | | S | 7 | | |
| OLIVIA | | D | 12 | | |

FORM 10-636 (4-20-31)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED | | LOUISIANA | |
|----------------------------|--------------|-------------|------------|
| | | CARD 2 OF 2 | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| OLINA | D | 9 | |
| MARIE | D | 6 | |
| OZAMAY | S | 4 | |
| ELLITA | D | 7 1/2 | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

| LOUISIANA | | | |
|-------------------------|----------------|-----|------------|
| L-160 | HEAD OF FAMILY | | |
| COLOR | AGE | | |
| Miss | 54 | | |
| COUNTY | BIRTHPLACE | | |
| St. Landry | Miss | | |
| CITY | | | |
| E.D. | SHEET | | |
| 110 | 8 | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Josephine | w | 48 | Miss |
| Aronne | s | 30 | |
| Mary C | d | 16 | |
| Therese | d | 13 | |
| Dolphine | d | 12 | |
| Onasia | d | 10 | |
| Vanderbilt | s | 6 | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

[illegible]

FORM 10-634a 14 20 61

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P01

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 30 | | 12 | 13 |
| COUNTY | | Meria | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Octavia | W | 31 | | |
| Adonis | S | 8 | | |
| Ada | D | 5 | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------------|------------|-----|
| L 60 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 43 | E.D. | 107 |
| | | BIRTHPLACE | | SHEET | 20 |
| COUNTY | | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Artemise | W | 40 | | |
| | Joseph | S | 19 | | |
| | Pauline | S | 17 | | |
| | Nora | S | 16 | | |
| | Celest | S | 13 | | |
| | Jules | D | 11 | | |
| | Marie | D | 9 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------------|-------------------|------------|------------|
| <i>Clara</i> | <i>S</i> | <i>1</i> | |
| <i>Arcangie</i> | <i>S</i> | <i>5</i> | |
| <i>Trançais</i> | <i>S</i> | <i>3</i> | |
| <i>Louise</i> | <i>D</i> | <i>1/2</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-F-61

| | | | | | |
|--|--|---|--|--|-------|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| Ym | | 4 | | 50 | 8 |
| COUNTY | | BIRTHPLACE | | | |
| Iberville | | | | CITY | |
| ENUMERATED WITH | | | | | |
| Kearney, Hamp | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S-S | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | |
|-------------------------|----------------|---------------|------------|-------|
| L160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 35 | Looper Joseph | 40 | 16 |
| COUNTY | | CITY | | |
| Lafourche | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bernadette | W | 28 | | |
| Joseph Jr | S | 10 | | |
| Alina | S | 10 | | |
| Albert | S | 2 | | |
| Lydia | D | 12 | | |
| Beatrice | D | 8 | | |
| Agnes | D | 5 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 4160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 39 | | 82 | 10 |
| COUNTY | | | CITY | | |
| Pointe Coupee | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| mu | | 58 | Lafayette | 21 | 35 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|--------------------|-----|------------|-------|
| 7-60 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 56 | | 82 | 9 |
| COUNTY | | Pointe Coupee CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Melanie | W | 54 | | |
| | Francis | D | 23 | | |
| | Gustave | S | 22 | | |
| | Idelle | D | 17 | | |
| | Mack | S | 15 | | |
| | Althea | D | 9 | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| w | 36 | Lauergue, Joseph | | 101 | 18 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bernadette | | w | 32 | | |
| Eloise | | P | 8 | | |
| Simmons Eura | | Sch | 6 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 48 | | 153 | 12 | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Allise | w | 50 | | | |
| Rosa | d | 16 | | | |
| Luciana | s | 18 | | | |
| Stephen | s | 15 | | | |
| Mary | d | 3 | | | |
| Batlie | s | 12 | | | |
| Paul | d | 42 | | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|-------------------|------------|
| L162 | HEAD OF FAMILY | Laisergne, Joseph | |
| COLOR | AGE | E.D. | SHEET |
| 'w | 26 | 105 | 21 |
| BIRTHPLACE | | | |
| COUNTY | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Louise | w | 25 | |
| Jean Baptiste | s | 3 | |
| Luke | s | 4 1/2 | |
| | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|-------------------------------------|------------|-----------------|
| 2162 | HEAD OF FAMILY
Staverone, Joseph | | E.D. 1 SHEET 17 |
| COLOR
Mu | AGE
38 | BIRTHPLACE | |
| COUNTY
Acadia | Acadia | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary | W | 34 | |
| Laura | D | 19 | |
| Kenn | D | 12 | |
| Laurent | S | 9 | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|-----------------------------------|-----|------------|
| LOUISIANA | | | |
| L162 | HEAD OF FAMILY
Laverne, Joseph | | |
| E.D. | SHEET | | |
| + | 41 | | |
| COLOR
mu | AGE
34 | | |
| BIRTHPLACE | | | |
| COUNTY
Acadia | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Melia | W | 42 | |
| Paul | S-C | 33 | |
| Francis | S-C | 23 | |
| Christal | S-C | 4 | |
| Lucina | G-C | 12 | |
| | | | |
| | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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|---|--|--|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L162 | NAME OF INDIVIDUAL
Laveragan Joseph | | E.D.
153 | SHEET
6 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
Nru | AGE
20 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
West Feliciana | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Payne Edward | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1810B-P01

| | | | | LOUISIANA | |
|-------------------------|--|----------------|--------------|-----------|------------|
| 462 | | HEAD OF FAMILY | | E.D. | SHEET |
| COLOR | | AGE | BIRTHPLACE | | |
| W | | 31 | | | |
| COUNTY | | | Livingston | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE |
| Portia | | | W | 30 | |
| Isabel | | | D | 7 | |
| Ruby | | | D | 4 | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2162

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|---------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| Mar | 48 | | 24 | 6 |
| COUNTY | Pointe Coupee | | CITY | |
| N. Orleans | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | W | 47 | | |
| Josephine | SS | 16 | | |
| Marie | SD | 14 | | |
| John | SD | 12 | | |
| Marie | SD | 8 | | |
| | | | | |
| | | | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|------------|----------------|-----|------------|-------|
| L 162 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Waverne W. C. | | 104 | 23 |
| COLOR | W | AGE | 47 | BIRTHPLACE | |
| COUNTY | St. Landry | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| William | | S | 25 | | |
| Julia | | D | 24 | | |
| Minnie | | S | 21 | | |
| Alice | | D | 19 | | |
| Achille | | D | 19 | | |
| U. Adam | | B | 49 | | |
| Richard Clemon | | A | 73 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--------------------------|----------------------------------|-------------------|------------|-------------|
| L160 | HEAD OF FAMILY
Livre Joseph H | | E.D.
44 | SHEET
23 |
| COLOR
B | AGE
39 | BIRTHPLACE | | |
| COUNTY
East Feliciana | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE |
| Leah | | w | 39 | |
| Arola | | D | 5 | |
| David J. | | S | 4 | |
| McKinley Ann | | D-L | 19 | |
| Jackson Koolie | | D-L | 11 | |
| McKinney R okine | | S. G. D | 3/12 | |
| | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|--------------|--------------------|------------|-----------|-------|
| L162 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Laboree, Joseph H. | | 132 | 7 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 26 | | | | |
| COUNTY | | CITY | | | |
| Washington | | Bogalusa | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Lillie | W | 26 | | | |
| Edwin | S | 3 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|------------------|--------------|------|------------|
| 2162 | HEAD OF FAMILY | | E.D. | SHEET |
| | Laprousse, Jules | | 109 | 12 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 25 | | | |
| COUNTY | | CITY | | |
| Terrebonne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Jullien | | W | 23 | |
| Jussea | | D | 4 | |
| Ellena | | P | 2 | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | |
| Laprouse, Julian | | 109 | 23 | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 38 | | | |
| COUNTY | | CITY | | |
| Terrebonne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leticia | W | 34 | | |
| Uness | D | 8 | | |
| Uness | S | 7 | | |
| Lellion | D | 6 | | |
| Ellie | S | 5 | | |
| Lesta | S | 2 | | |
| | | | | |
| | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|------------------------------------|--------------|------|------------|
| 2162 | HEAD OF FAMILY
Levergne, Julian | | E. 8 | SHEET 5 |
| COLOR
W | AGE
38 | BIRTHPLACE | | |
| COUNTY
Acadia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / Ania | | W | 37 | |
| Alita | | D | 15 | |
| Wentley | | S | 8 | |
| + hired man | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|-----------------|--------------|------|------------|
| L160 | HEAD OF FAMILY | | E.D. | SHEET |
| | Labore Jussaire | | 8 | 12 |
| COLOR | AGE | BIRTHPLACE | | |
| w | 61 | | | |
| COUNTY | | CITY | | |
| Acadia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Josephine | | D | 38 | |
| Le Blanc Eudora | | D | 13 | |
| | | | | |
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| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|-------------|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | St. Bernard |
| | | | | E.D. | 58 |
| COUNTY | | St. Bernard | | SHEET 2 | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;">21</div> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P-61

K

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L162 | | NAME OF INDIVIDUAL
<i>Labry Kathi</i> | | E.O.
<i>11</i> | SHEET
<i>10</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>2</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Catahoula</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Labarge Ger</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18196-P61

LOUISIANA

| | | | | | |
|---|--|---|--|--------------------|--------------------|
| L-167 | | NAME OF INDIVIDUAL
<i>La forge Katherine</i> | | E.D.
<i>144</i> | SHEET
<i>16</i> |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE | | | |
| COUNTY
<i>West Carroll</i> | | CITY
<i>Oak Grove</i> | | | |
| ENUMERATED WITH
<i>La forge Elzie E.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

LOUISIANA

| | | | | | |
|--|---------------|---|--|---|----------------|
| 4160 | | NAME OF INDIVIDUAL <i>Loper L P</i> | | E.D. <i>30</i> | SHEET <i>7</i> |
| COLOR <i>W</i> | AGE <i>31</i> | BIRTHPLACE <i>U S</i> | | | |
| COUNTY <i>Caddo</i> | | CITY | | | |
| ENUMERATED WITH <i>Taylor Lucy E</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15105-P61

LOUISIANA

| | | | | | | |
|-------------------------|----------------|--------------|------------------|------------|------|-------|
| 2162 | HEAD OF FAMILY | | Lavergeon Bastie | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | | |
| W | 60 | | | | | |
| COUNTY | | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| | Aspozic | w | 55 | | | |
| | Asstide | s | 26 | | | |
| | Eranos | s | 22 | | | |
| | Laparl | d | 20 | | | |
| | Armond | s | 18 | | | |
| | Dora | d | 14 | | | |
| | Eulise | s | 12 | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|----------------|-----------------|
| L160 | HEAD OF FAMILY | LUVIER, LAZINA | E.D. 5 SHEET 13 |
| COLOR
W | AGE
22 | BIRTHPLACE | |
| COUNTY | Acadia | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| TOLL, JOSEPH | | WORKING BOY | 6 |
| 1 MARIE | | SI | 1 1/2 |
| | | | |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|----------|-------------------|-----|------------|-------|
| L 162 | | Laverque, Leonore | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 45 | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Roseanne | W | 42 | | |
| | Freddie | S | 19 | | |
| | Charles | S | 17 | | |
| | Martha | D | 15 | | |
| | Joseph | S | 13 | | |
| | Quinn | S | 11 | | |
| | Eue | D | 8 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 15198-P61

| | | | | | |
|--|------------------|---|--|---|-------------------|
| L 162 | | NAME OF INDIVIDUAL
<i>Laverne Lee P.</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | E.D.
<i>10</i> | SHEET
<i>6</i> |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | | |
| ENUMERATED WITH
<i>Hendley Selman M</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Adopted son</i> | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 18108-P61

5661

| | | | | | |
|---------------------------|-----|----------------|------|------------|-------|
| HEAD OF FAMILY | | HEAD OF FAMILY | | LOUISIANA | |
| LeBour | | LeBour | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 168 | 9 |
| W | 38 | | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 26 | | |
| Joseph | | S | 3/2 | | |
| | | | | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|------------|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| 1160 | | NAME OF INDIVIDUAL
<i>La Vonne Lee</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | | AGE
<i>23</i> | BIRTHPLACE | | E.O.
<i>25</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>Baton Rouge</i> | | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Laurence</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>N-L</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>N-L</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>N-L</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19100-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Labaurie Leo | | E.D. | SHEET |
| COLOR | W | AGE | 50 | 142 | 12 |
| | | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maguire | | W | 58 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-----------|
| <i>W</i> | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| <i>W</i> | | <i>30</i> | <i>St</i> | <i>114</i> | <i>25</i> |
| COUNTY | | | CITY | | |
| <i>Tangipahoa</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Vincent</i> | | <i>W</i> | <i>24</i> | <i>St</i> | |
| <i>1 Leason</i> | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-----|
| L-160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | |
| | | | | E.D. | 142 |
| | | | | SHEET | 23 |
| COUNTY | | | CITY | | |
| West Carroll | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Alice | | W | 28 | | |
| Elsie Earl | | D | 3 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-------------|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 71a | | 30 | St. Charles | 63 | 1 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adrian | | H | 36 | | |
| Justin | | S | 11 | | |
| Monet | | S | 5 | | |
| Beatrice | | D | 4 | | |
| Hector | | S | 8 | | |
| Jean | | S | 6 | | |
| Genevra | | D | 5 | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|--------|----------------|-----|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| White | 22 | | | 10 | 4 |
| COUNTY | Iberia | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| [illegible] | | [illegible] | 22 | | |
| [illegible] | | [illegible] | 1 | | |
| [illegible] | | [illegible] | 1 | | |
| [illegible] | | [illegible] | 1 | | |
| [illegible] | | [illegible] | 5 | | |
| [illegible] | | [illegible] | 1 | | |
| [illegible] | | [illegible] | 1 | | |
| [illegible] | | [illegible] | 1 | | |
| [illegible] | | [illegible] | 1 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|--------------------|------------|-----------|-------|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| | | 1 | | 95 | 1 |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| ENUMERATED WITH | | | | | |
| Peter, Linda | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 16100-P61

| | | | | | |
|-------------------------|--|---------------------------------|-----------|--|--|
| <i>Life</i>
COLOR | | HEAD OF FAMILY
<i>Louise</i> | | LOUISIANA
E.D. <i>128</i> SHEET <i>26</i> | |
| <i>W</i>
AGE | | <i>40</i>
BIRTHPLACE | | <i>Leone</i> | |
| COUNTY | | | | | |
| <i>St. Martin</i> | | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / <i>Paul</i> | | <i>B</i> | <i>21</i> | | |
| / <i>John</i> | | <i>B</i> | <i>17</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L 160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Laurens Leonee |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eilia | | W | 28 | | |
| George | | S | 14 | | |
| Andrew | | S | 8 | | |
| Paul | | S | 6 | | |
| Charley | | S | 4 | | |
| [Signature] | | | | | |

FORM 10-836 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| 11-2
NAME OF INDIVIDUAL
<i>Laperouse Leonell</i> | | LOUISIANA
E.O. 193
SHEET 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>22</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Iberia</i> | | CITY
<i>New Iberia</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Witter Joseph</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 1910-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| C160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| w | 66 | Levee | | 102 | 22 |
| COUNTY | | Te rebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | w | 46 | | |
| E. L. L. L. | | D | 16 | | |
| H. L. L. | | D | 13 | | |
| Laura | | D | 11 | | |
| Noah | | S | 8 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|-------------------------|
| L161 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 18 | BIRTHPLACE | LAKE CHARLES, LOUISIANA |
| COUNTY | | IBERVILLE | | CITY | |
| ENUMERATED WITH | | | | | |
| JACKSON ALEXANDER | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L162 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| B | 64 | | | 7 |
| SHEET 22 | | | | |
| COUNTY | | CITY | | |
| Acadia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | w | 40 | | |
| Pauline | d | 15 | | |
| Irroy | s | 15 | | |
| Ophelia | d | 13 | | |
| Joe Henry | s | 12 | | |
| Orelia | d | 10 | | |
| Cerilia | d | 1 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 1162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 31 | La. | | 51 | 37 |
| COUNTY | | MOBILE | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosa | | W | 20 | | |
| Mary | | D | 3 | | |
| Joe | | S | 4/12 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|---|------------|--|-------|
| 462 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 73 | | 109 | 21 |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| ENUMERATED WITH | | | | | |
| Duplantier Frasier Mrs | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 50 | | | 68 | 1 |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 William | | B | 46 | | |
| x 1 L | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|---------|------------|-------|
| C160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| w | 26 | | | 102 | 22 |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | w | 21 | | |
| Wines | | D | 3 | | |
| Milton | | S | 2 | | |
| Bridgett | | D | 13 days | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 7960 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 26 | | 113 | 5 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Matilda | | W | 32 | | |
| 2 servant | | | | | |
| | | | | | |
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FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 51 | Laurie | | 68 | 5 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| W. W. W. W. | | W | 45 | | |
| W. W. W. W. | | W | 19 | | |
| W. W. W. W. | | W | 14 | | |
| W. W. W. W. | | W | 13 | | |
| Milton Charlie W. | | M-L | 65 | Fresno | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|----|--------------------|------|------------|------------------|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 24 | AGE | 17 | BIRTHPLACE | E.D. 45 SHEET 17 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | | | | |
| Laurier Gillis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | | | | | |

FORM 18-637 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

1910-DE 18190-P01

LOUISIANA

HEAD OF FAMILY *Lafayette Louis*

E.D. *79* SHEET *11*

COLOR *W* AGE *26* BIRTHPLACE

COUNTY *St. John the Baptist* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------------|--------------|------------|------------|
| <i>Cecilia</i> | <i>W</i> | <i>22</i> | |
| <i>Clara</i> | <i>N</i> | <i>4</i> | |
| <i>Marion</i> | <i>S</i> | <i>3</i> | |
| <i>Louis</i> | <i>S</i> | <i>1/2</i> | |
| <i>Andie Emily</i> | <i>S</i> | <i>19</i> | |
| | | | |
| | | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 56 | Iberia | 24 | 11 |
| COUNTY | | | CITY | | |
| | | | Jeanerette | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Adenoy | | W | 50 | | |
| Descote male | | SS | 29 | | |
| Le Bourgoin Louis Jr. | | S | 24 | | |
| George | | D | 23 | | |
| Differed | | S | 21 | | |
| Georgia | | D | 18 | | |
| Armond | | D | 16 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 15198-P01

| | | | | | |
|-------------------------|-----|---------------------|-----|------------|-------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.O. | SHEET |
| W | 24 | Lavergne, Mrs Louis | | 105 | 144 |
| COUNTY | | CITY | | | |
| | | St. Landry | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annaneese | | D | 8 | | |
| Alce | | S | 6 | | |
| Joseph | | S | 5 | | |
| Ida | | D | 4 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 26 | | | 8 | 13 |
| COUNTY | | CITY | | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Jara | W | 23 | | | |
| Forest | S | 4 | | | |
| Gladys | D | 1 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|------|-----------|-------|
| L-162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 5 | Leveigne, Louis | | 106 | 5 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Briscoe, Mary | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S-S | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-61

| | | | | | |
|-------------------------|---------|----------------|-----|------------|----|
| 6162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 55 | BIRTHPLACE | 67 |
| COUNTY | | Livingston | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 34 | | |
| | Wack | C | 25 | | |
| | Antonia | D | 13 | | |
| | Leonard | S | 11 | | |
| | Lidney | S | 9 | | |
| | James | D | 7 | | |
| | Martha | S | 4 | | |

FORM 10-616 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUE

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-------------------|-------------------|------|------------|
| Family | r | | |
| | | | |
| 1. Angel | S | 17/2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|------------|----------------|------|------------|----------------|
| 5162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Laurier, Louis |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Vernice | | W | 21 | | |
| Joseph | | S | 5 | | |
| Lola | | D | 2 | | |
| Miche Emma | | Da | 40 | | |
| Laurier Emma | | Sib | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----|--|-----|
| L-160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 74 | BIRTHPLACE | Sen |
| COUNTY | | Union | | CITY | |
| ENUMERATED WITH | | | | | |
| Mc Lemore, John A | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|------------------|---|--|--|-------|
| L160 | | NAME OF INDIVIDUAL
<i>Leona H. L...</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE
<i>Leona H. L...</i> | | E.O. | SHEET |
| COUNTY
<i>Iberia</i> | | CITY | | | |
| ENUMERATED WITH
<i>Leona H. L...</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<i>Leona H. L...</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | BIRTHPLACE | Louisiana |
| COUNTY | | Iberbonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | D | 21 | | |
| Rome | | S | 19 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|--|---|---|----|--|-----------------|
| 5160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 70 | BIRTHPLACE | E.D. 99 SHEET 2 |
| COUNTY | | St. Mary | | CITY | |
| ENUMERATED WITH | | Berwick | | | |
| RELATIONSHIP TO ABOVE | | Scaffie, F. F. | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input checked="" type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input checked="" type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16186-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| 160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 42 | BIRTHPLACE | Louisiana |
| COUNTY | | Orcasieu | | CITY | Lake Charles |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wally | | S | 25 | | |
| Roula | | S | 18 | | |
| Dominica | | S | 14 | | |
| Joan | | S | 12 | | |
| Lelia | | D | 21 | | |
| David S | | D | 23 | | |
| Mable | | D | 5 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

NAME

RELATIONSHIP

AGE

BIRTHPLACE

| | | | |
|---|---------|---|---|
| 1 | Blanche | D | 3 |
|---|---------|---|---|

R. E. Anderson

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 18190-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL
<i>Louviere Louisiana</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
8 | BIRTHPLACE | | E.D.
136 | SHEET
16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>St. Martin</i> | | CITY
<i>St Martinsville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Johnson Valerie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC0144-DC 10100-P01

| | | | | | |
|-----------------------|---|---|----|-------------------|----|
| 2166 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 12 | E.D. | 36 |
| | | BIRTHPLACE | | SHEET 15 | |
| COUNTY | | Calcasieu | | CITY Lake Charles | |
| ENUMERATED WITH | | Laborne Eugene | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;">L</div> </div> </div> | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 16108-P61

| | | | | | |
|--|-----|---|------|---|--|
| L. 100 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| | 18 | Italy, Italia | 95 | 1 | |
| COUNTY | | CITY | | | |
| St. Mary | | Italy, Italia | | | |
| ENUMERATED WITH | | | | | |
| Peter, Luke | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D. | |

FORM 10-637 (4-29-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 15100-P61

2162

| | | | |
|-------------------------|--------------|-----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 26 | 5 | Saverge, Lucien | 101 3 |
| COUNTY | CITY | | |
| St. Landry | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Jane | W | 48 | |
| Luc | S | 12 | |
| Johnson, Lucy | D | 21 | |
| Polly Virginia | D | 18 | |
| Saverge, Perry | S | 11 | |
| Bertha | D | 8 | |
| Harrison Jane | M | 11 | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|------|-----------|----|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 10 | E.D. | 58 |
| COUNTY | St. Bernard | | CITY | SHEET | 2 |
| ENUMERATED WITH | | | | | |
| Lalurre, Albert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOT-DC 1910-781

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 31 | Marguerite Lucius | | 104 | 21 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dora | | W | 28 | | |
| Thomas | | S | 7 | | |
| Vincent | | S | 5 | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|----------------|-------|---------------|---|
| L160 | | HEAD OF FAMILY | | Levery, Lucius | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Texas | E.D. | 7 |
| COUNTY | | Assumption | | CITY | | Napoleonville | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Lillie W | | | | 24 | | | |
| Lucius Jr | | | | 9/12 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|----------------|-----|------------|--|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | |
| | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Laura | W | 20 | | |
| | Eula | D | 2 | | |
| | | | | | |
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FORM 18-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|-----|------------|--------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Mexico |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Pauline | W | 34 | Mex | |
| | Amelia | D | 11 | Mex | |
| | Livia | D | 9 | Mex | |
| | Lila | D | 7 | Mex | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|---|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 12 | Lubna | 128 | 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Martin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rodrigues Joseph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMA-DC 18102-P61

| | | | | |
|-------------------------|----------------|--------------|-----------|-------------------|
| L160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR W | AGE 43 | BIRTHPLACE | | E.D. 132 SHEET 16 |
| COUNTY Union | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Cecil | | P | 13 | |
| + 1 h m | | | | |
| Wheeler, Jimmie C. | | N | 19 | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----------|------------|------|
| L-162 ² | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | Miss |
| COUNTY | | | CITY | | |
| West Carroll | | | Oak Grove | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. L.ear | | W | 37 | Miss | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|-------|
| 2100 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 34 | 3 | | 144 | 6 |
| COUNTY | | CITY | | | |
| | | West Feliciana | | | |
| ENUMERATED WITH | | | | | |
| Luzanne Allard | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SD | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | |
|---|------------------|---|--|-------------------|-------------------|
| 2162 | | NAME OF INDIVIDUAL
<i>Lefranc, Malvina</i> | | LOUISIANA | |
| COLOR
<i>Blk</i> | AGE
<i>30</i> | BIRTHPLACE | | E.D.
<i>55</i> | SHEET
<i>2</i> |
| COUNTY | | CITY
<i>Iberville</i> | | PLAQUEMINES | |
| ENUMERATED WITH
<i>Lefranc Mary J</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input checked="" type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|----|
| 2162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | |
| | | Lagrasse, Masaji | | E.D. | 57 |
| | | | | SHEET | 6 |
| COUNTY | | Plaquemines | | CITY | |
| ENUMERATED WITH | | | | | |
| Chapuis, Felix | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
sh | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOP-DC 15108-P61

| | | | | | |
|--|---|---|----|--|-----|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 40 | E.D. | 126 |
| | | BIRTHPLACE | | SHEET 16 | |
| COUNTY | | CITY | | | |
| | | St. Martin | | St. Martinville | |
| ENUMERATED WITH | | | | | |
| Johnson, Valerie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| 5160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 68 | BIRTHPLACE | Lauriere, Mercedes |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ophelia | | W | 55 | | |
| Carmen | | S | 25 | | |
| Lilly | | D | 19 | | |
| Naisy | | D | 15 | | |
| Walter | | S | 21 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L166 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| W | | 36 | | 8 | 11 |
| BIRTHPLACE | | | | | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Illier | | W | 32 | | |
| Amie | | D | 14 | | |
| Paulina | | S | 10 | | |
| Marise | | S | 5 | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|--|-----------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL
<i>Lester Mariah</i> | | LOUISIANA | E.D.
56 | SHEET
12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
75 | BIRTHPLACE
<i>S.C.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Caddo</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lester Frank</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-P61

| | | | | | |
|--|---|---|----------------------|--|--|
| 8160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Le Blanc, Mrs Orasin | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Ad-5 | |

FORM 10-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18108-P61

| | | | | | |
|---|---|---|--------|--|----|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 26 | E.O. | 14 |
| | | BIRTHPLACE | Marie | SHEET | 6 |
| COUNTY | | | iboria | CITY | |
| ENUMERATED WITH | | | | | |
| Joseph, Author | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2,62 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 34 | | 32 | 32 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 32 | | |
| Preston | | S | 13 | | |
| Mark | | S | 9 | | |
| Paul | | S | 4 | | |
| Ludion | | S | 4 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|-----|------------|----|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 42 | BIRTHPLACE | 83 |
| | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 37 | | |
| | Harry W | S | 12 | | |
| | Celeste | D | 10 | | |
| | Daniel | S | 8 | | |
| | Jr. Marshall | S | 6 | | |
| | Martin | S | 12 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 28 | E.D. | 85 |
| | | BIRTHPLACE | | SHEET 4 | |
| COUNTY | | | CITY | | |
| L. Coupee | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | w | 28 | | |
| Marie | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 19 | | 6 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acadia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boulet, Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 15198-P61

| | | | | | |
|-----------------------|---|---|----|------------|--------|
| 5160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Levane Mary | | E.D. | | SHEET | |
| COLOR | B | AGE | 64 | BIRTHPLACE | 136 36 |
| COUNTY | | Vermillion | | CITY | |
| ENUMERATED WITH | | Duhon Alex | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input checked="" type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16100-P81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L-162 | | HEAD OF FAMILY | | LOUISIANA | |
| Laverne, Mary A | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 3 | Acadia | | | |
| COUNTY | | CITY | | | |
| Acadia | | Iota | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sim, Leo | | S | 17 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 23 | | | 138 | 11 |
| COUNTY | | CITY | | | |
| West Baton Rouge | | | | | |
| ENUMERATED WITH | | | | | |
| Williams Caroline | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> IMMIGRANT
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>li</i> | | | | | |

FORM 18-637 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1818B-P61

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------|--|------------|--|
| L 160 | | HEAD OF FAMILY | | Leaver, Matthew | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 48 | | | | 1 26 | |
| COUNTY | | | | Bionville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Eustis | | N | | 15 | | | |
| John | | S | | 13 | | | |
| | | | | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | E.D. | | SHEET | |
|-------------------------|---|----------------|------|------------------|--|
| 162 | | HEAD OF FAMILY | | Laverne, Maurice | |
| COLOR | W | AGE | 28 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 23 | | |
| Noe | | A | 5 | | |
| Felicini | | A | 3 | | |
| Mea | | A | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|--|-----------|--|
| 5160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 25 | | 22 | |
| BIRTHPLACE | | CITY | | SHEET | |
| COUNTY | | Iberia | | 8 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | | AGE | |
| Blanche | | W | | 20 | |
| Lorance | | D | | 4 | |
| Laurance | | D | | 3 | |
| Edmar | | B | | 22 | |
| Lynne | | D | | 15 | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|------|
| X766 | | HEAD OF FAMILY | | LOUISIANA | |
| Loper Mandy | | E.D. | | SHEET | |
| COLOR | W | AGE | 58 | BIRTHPLACE | Miss |
| COUNTY | | | CITY | | |
| Livingston | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 58 | Miss | |
| Gae | | S | 23 | | |
| Anna | | DL | 20 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 38 | | 32 | 33 |
| BIRTHPLACE | | | | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 37 | | |
| Jon | | D | 16 | | |
| Austin | | S | 14 | | |
| Pete | | S | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-----------------|------------|------------|
| 2163 | Levergne, Moise | E.D. 105 | SHEET 25 |
| COLOR W | AGE 34 | BIRTHPLACE | |
| COUNTY St. Landry | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Euphemie | W | 30 | |
| Astellus | S | 8 | |
| Felix | S | 6 | |
| Lorenz | S | 4 | |
| Leah | S | 2 | |
| Louie | S | 5/12 | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|--------------------------------|-----------------------|-------------------|-------------------|--------------|
| 100 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| B | 45 | | 85 | 4 |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ernestine | N | 55 | | |
| Amelia | D | 19 | | |
| Jean | S | 15 | | |
| Beatrice | D | 12 | | |
| Angelo | S | 10 | | |
| Thomas, Sol | N | 11 | | |
| Perry | N | 7 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 8160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| 1 | | 25 | | 55 | 6 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Charles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| W. B. L. H. | | | 30 | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|-------------------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 20 | BIRTHPLACE | Evergreen Natchez |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eva | | W | 24 | | |
| Alcena | | B | 27 | | |
| Emile | | B | 9 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|---|-----------|----|
| 6160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 6 | E.O. | 30 |
| | | BIRTHPLACE | | SHEET 6 | |
| COUNTY | | Clai borne | | CITY | |
| ENUMERATED WITH | | | | | |
| Johnson George | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
C-71 | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19100-P61

| | | | | | |
|--|-----|---|--|---|-------|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 50 | | | 143 | 12 |
| COUNTY | | CITY | | | |
| | | Vermillion | | | |
| ENUMERATED WITH | | Gueydan | | | |
| RELATIONSHIP TO ABOVE | | Hangerford, J. D. | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Cook | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMP-DC 18195-P01

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L160 | NAME OF INDIVIDUAL
<i>Luzerna Nettie</i> | | E.D.
63 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>N</i> | AGE
25 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Livingston</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Wm. William R.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P61

| | | | | | |
|--|---|---|------|--|----|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 19 | E.D. | 70 |
| | | BIRTHPLACE | | SHEET 10 | |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Lauriere, Samuel | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1610B-P61

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------------|--------------|----------|--------------------|
| <i>John A. Jones</i> | <i>1</i> | <i>5</i> | |
| <i>George Jones</i> | <i>2</i> | <i>5</i> | |
| <i>Robert Jones</i> | <i>3</i> | <i>7</i> | <i>Mississippi</i> |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED 1950-1-61

| | | | | | |
|---|---|---|----|--|--|
| 1162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Bourgeois | | R.D. | | SHEET | |
| COLOR | W | AGE | 73 | BIRTHPLACE | |
| COUNTY | | St. James | | CITY | |
| ENUMERATED WITH | | | | | |
| Le Bourgeois Joe | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOPM-DC 18108-P81

| | | LOUISIANA | |
|----------------------------|---|--------------|------------------|
| 2160 | HEAD OF FAMILY
<i>Louviere, Numa</i> | | E.D. 70 SHEET 13 |
| COLOR
<i>W</i> | AGE
<i>40</i> | BIRTHPLACE | |
| COUNTY
<i>St. James</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>Sedonia</i> | | <i>W</i> | <i>39</i> |
| <i>Leo</i> | | <i>S</i> | <i>7</i> |
| <i>Gonita</i> | | <i>D</i> | <i>5</i> |
| <i>Jeannu</i> | | <i>D</i> | <i>2</i> |
| | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|----------------|------------|------------|
| 7166 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. SHEET |
| W | | 29 | Louisiana Nuna | | 12 13 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eva | | w | 24 | | |
| Leon | | v | 4 | | |
| Oscar | | v | 2 | | |
| Agrot | | d | 1 1/2 | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|--|-----------|--|
| 2162 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | | E.D. | |
| u | | 72 | | 161 | |
| BIRTHPLACE | | COUNTY | | SHEET | |
| | | St Landry | | 18 | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | | AGE | |
| Marie | | u | | 60 | |
| Facillus | | s | | 30 | |
| Haller Louis | | ss | | 23 | |
| Brata | | s | | 2 | |
| Lauvique, Cis | | L | | 18 | |
| Lauvique | | D | | 20 | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| L-160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.O. | SHEET |
| W | 43 | Louise O. Gayer | | 11 | 2 |
| COUNTY | | CITY | | | |
| Acadia | | Crowley | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 8160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 45 | | | 19 | 25 |
| COUNTY | | CITY | | | |
| Iberia | | New Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mabel | | W | 29 | | |
| William | | S | 22 | | |
| Maurice | | S | 20 | | |
| Eunice | | O | 5 | | |
| Gustave | | S | 3 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 2762 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 15 | Livingston | | 67 | 12 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Benjamin | W | 23 | | | |
| John | 2 | 13 | | | |
| John | D | 10 | | | |
| John | D | 8 | | | |
| John | W | 6 | | | |
| John | 5 | 5 | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | Laparcerous, Octane |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mekunia | | W | 57 | | |
| Felician | | D | 14 | | |
| Jallia | | D | 12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------|--|--|--|-------------|
| 460 | | NAME OF INDIVIDUAL
Lowery Octave | | LOUISIANA | |
| COLOR
B | AGE
40 | BIRTHPLACE | | E.O.
126 | SHEET
16 |
| COUNTY
St. Martin | | CITY
St. Martinville | | | |
| ENUMERATED WITH
Johnson Valerie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| 2762 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Laprouse Actone Jr |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 23 | | |
| Louis | | 5 | 3 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|--|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 5160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louver, Octone | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | New Iberia | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louver, Alfred J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

| | | | | | |
|-------------------------|--|----------------|-----|--------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 50 | | 126 | 7 |
| BIRTHPLACE | | Actona | | | |
| COUNTY | | St. Martin | | CITY | |
| | | | | Martinsville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 35 | | |
| Roberta Valerie | | SS | 22 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|--|
| 2162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Levenson Odell | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| MW | 35 | Miss | | | |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| ENUMERATED WITH | | | | | |
| Levenson Scillies | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
sister | |

FORM 16-637 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16166-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----|------------|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL | | LIBER OGLE | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | Wm | AGE | 70 | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | St. Charles | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------------|-----|------------|-------|
| 8160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 27 | | | 80 | 13 |
| COUNTY | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|------------|------------|-------------|
| L168 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 16 | BIRTHPLACE | Leflore Ala |
| | | | | E.D. | 30 |
| | | | | SHEET | 6 |
| COUNTY | | | Clai borne | | |
| | | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>G - son</u> </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 23 | | 123 | 23 |
| | | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| - Mathilde | | w | 18 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L161

2161

| | | | |
|---------------------------|--------------|-----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 24 | Lebrun, Orleans | 107 15 |
| COUNTY | | CITY | |
| Terrebonne | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Julian | W | 22 | |
| Galton | S | 6 | |
| Allice | S | 4 | |
| Alice | D | 7 1/2 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-------|------------|-----------------|
| 5162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | BIRTHPLACE | Laprouse, China |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Sallia | W | 28 | | |
| | Nora | D | 9 | | |
| | Annie | D | 6 | | |
| | Lornell | S | 6 | | |
| | Ellena | D | 1 1/2 | | |
| | Mrs Selma | M | 60 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|------|------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--------|--------------------------------|--|--|
| L162 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 5 | BIRTHPLACE | E.D. 4 SHEET 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | Acadia | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Church Point | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Huckelby John | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>orphan</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | orphan | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | orphan | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

LOUISIANA

| | | | | | | | |
|-------------------------|-----------|----------------|-----|--------------------|------|------|-------|
| C160 | | HEAD OF FAMILY | | Lafayette, Orleans | | E.D. | SHEET |
| COLOR | W | AGE | 26 | BIRTHPLACE | Miss | 95 | 24 |
| COUNTY | Red River | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Hattie | | W | 19 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--------------------|---|--|
| X 160 | | NAME OF INDIVIDUAL
<i>Laverne ONeal</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>20</i> | BIRTHPLACE
<i>Tex</i> | E.D.
<i>133</i> | SHEET
<i>16</i> | |
| COUNTY
<i>Winn</i> | | CITY | | | |
| ENUMERATED WITH
<i>Kirkpatrick W. Gibson</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16165-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| L 160 | | NAME OF INDIVIDUAL
<i>Leper Onesia</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>17</i> | BIRTHPLACE | | E.D.
<i>3</i> | SHEET
<i>1</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Leperne, Mitchell</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 7 62 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 4 | AGE | 40 | BIRTHPLACE | Louisiana, Oscar |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Florissa | | W | 43 | | |
| Rita | | D | 20 | | |
| Anita | | D | 16 | | |
| Maurice, Simona | | Ad-S | 9 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|--|--|---|----|------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| 460 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 16 | BIRTHPLACE | David | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Martin | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Rodriguez Joseph | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|-------------------------|----------|----------------|----------------|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 31 | Labore, Ozemie | 143 | 15 |
| COUNTY | | | Vermillion | CITY | |
| | | | | Graydon | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Aina | W | 28 | | |
| | Evela | D | 6 | | |
| | Livy | S | 4 | | |
| | Lucille | D | 3 | | |
| | Loveline | S | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 70 | 57 | | | 75 | 1 |
| COUNTY | | Pointe Coupee | | CITY | |
| | | | | Burgundy | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Augustine | | 10 | 76 | | |
| Augustine | | 2 | 16 | | |
| George A. | | 2 | 14 | | |
| Victoria H. | | 2 | 12 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----------|--|----------|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 21 | BIRTHPLACE | E.D. 128 |
| | | | SHEET 26 | | |
| COUNTY | | | CITY | | |
| ST. Martin | | | | | |
| ENUMERATED WITH | | | | | |
| Louise Leance | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 64 | BIRTHPLACE | Italy |
| COUNTY | | Calcasieu | | CITY | St. Charles |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annie | | W | 54 | Italy | |
| Grassie | | W | 21 | Italy | |
| | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 64 | BIRTHPLACE | Paul |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Theophile | S | 29 | | |
| Longly | Cedonia | D | 33 | | |
| 1 | Elishah | DD | 9 | | |
| | Nettie | DD | 5 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|-----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| L 162 Le Bourgeois Paul | | E.D. 18 | SHEET 6 |
| COLOR
W | AGE
39 | BIRTHPLACE | |
| COUNTY | | | |
| Iberia | | CITY New Iberia | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Evelina | w | 37 | |
| Paula | d | 15 | |
| Arthur | d | 1 | |
| Jesse | s | 7 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|------|
| 2162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 42 | BIRTHPLACE | |
| | | COUNTY | | St. Landry | CITY |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>h</i> </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

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| | | | | | |
|-------------------------|--------------|-----------------------|------------|------------|-----------|
| <i>L162</i> | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. | SHEET |
| <i>W</i> | <i>38</i> | <i>Lavergene Paul</i> | | <i>123</i> | <i>19</i> |
| COUNTY | | CITY | | | |
| <i>St. Landry</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| <i>- Alatecia</i> | <i>w</i> | <i>39</i> | | | |
| <i>Hubert Bertha</i> | <i>d</i> | <i>21</i> | | | |
| <i>- Egnore</i> | <i>d</i> | <i>19</i> | | | |
| <i>- Daniel</i> | <i>s</i> | <i>16</i> | | | |
| <i>Lavergene Afina</i> | <i>d</i> | <i>12</i> | | | |
| <i>Alberson</i> | <i>s</i> | <i>7</i> | | | |
| <i>Jell</i> | <i>s</i> | <i>3</i> | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|-------------|-------------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | St. Italian |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Grenada | | W | 22 | St. Italian | |
| Francisco | | D | 4 | | |
| Bernard | | S | 3 | | |
| Rosa | | D | 2 | | |
| Luisa | | S | 3/12 | | |
| | | | | | |
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FORM 10-434 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|------|------------|-------|
| 6160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | Italy |
| COUNTY | St. Mary | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Giuseppe | | W | 24 | Italy | |
| Francesca | | D | 5 | Italy | |
| Victor | | S | 4 | Italy | |
| Eun. | | S | 2 | Italy | |
| Victor | | F | 65 | Italy | |
| Francesca | | S | 54 | Italy | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------------|-----------|------------|
| L162 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| mu | 55 | Lavergne Philogene | | 4 |
| SHEET 6 | | | | |
| COUNTY | | CITY | | |
| Acadia | | Acadia | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| St Clair Marcela | | si | 35 | |
| Felicia | | si | 39 | |
| Randolph, Rosa | | N.R. | 15 | |
| Bourgne, Telesien | | N | 18 | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 30 | Laurie, Philip | | 107 | 4 |
| COUNTY | | CITY | | | |
| St. Landry | | Opelousas | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alexandra | | w | 24 | | |
| 1 boy | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------------|
| 2/62 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 56 | BIRTHPLACE | Laprouse, Philomena |
| COUNTY | | Iberia | | CITY | New Iberia |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Keller | | Wife | 83 | | |
| Blode | | M | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|-------------------------------|------------|-----------|
| L162 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
47 | BIRTHPLACE
Lavergne Pierre | | E.D.
4 |
| COUNTY
Acadia | | CITY
Acadia | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | W | 41 | | |
| Ada | D | 19 | | |
| Mame | D | 15 | | |
| Noya | S | 12 | | |
| Louis | S | 10 | | |
| Angel | D | 8 | | |
| Adme | S | 6 | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-------|------------|
| Julbert | S | 4 | |
| Esmae | d | 2 | |
| Olsona | d | 1 1/2 | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 40 | Liberse, Pierre | | 135 | 7 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Olise | | W | 36 | | |
| Henrie | | S | 14 | | |
| Jules | | S | 11 | | |
| Anna | | D | 8 | | |
| Ambroise | | S | 6 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|------------------|-------------|------------|-------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 25 | Labore, Pierre A | | 97 | 3 |
| COUNTY | | | | | |
| St. Mary | | | CITY | | |
| | | | Morgan City | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Katie | W | 18 | | |
| | Lola | D | 3 1/2 | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-----------------|
| L 162 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
70 | BIRTHPLACE | | E.D. 4 SHEET 11 |
| COUNTY | | CITY | | |
| Acadia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Colastie | w | 64 | | |
| Christophe | s | 32 | | |
| Anna | d h | 23 | | |
| Argellia P. q c | | 4 | | |
| Agnes | q d | 3 | | |
| Curelian | q s | 1 1/2 | | |
| Anasie | q d | 7 1/2 | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 5160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | Presal |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Cecil | | W | 39 | | |
| Lamelle | | S | 9 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L-162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 32 | | | 4 | 47 |
| COUNTY | | Acadia / | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Celestine | | SI | 26 | | |
| Arthur | | B | 23 | | |
| Chachere, Louis | | U | 54 | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|------------|--------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Ramond | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Spain | | 21 | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Iberia</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE <i>Murienna, Loney</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>NR</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>NR</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>NR</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | BIRTHPLACE | Le Bourgeois Rural |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Blanche | | D | 10 | | |
| and 1 housekeeper | | | | | |
| 1 cook | | | | | |
| 1 servant | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|-----------|
| L 162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 61 | BIRTHPLACE | France |
| COUNTY | | Lafourche | | CITY | Thibodaux |
| ENUMERATED WITH | | | | | |
| Rice Helen | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> WIDOW
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Si</i> </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 1910-PC1

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---|--------------------------------|--|--|
| L 162 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 4 | BIRTHPLACE | St. Bernard | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | E.D. | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SHEET | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rebecca, Roulin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>C</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | C | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | C | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|--|---|---|----|---|----------|
| L 160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 51 | BIRTHPLACE | Scotland |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| Hockey, Jack E | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|---|--|--------------------|----------------|-----------|------------|
| 5160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. SHEET |
| Mm | | 5 | | | 140 4 |
| COUNTY | | | CITY | | |
| | | | West Feliciana | | |
| ENUMERATED WITH | | | | | |
| Lazara Albert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div><div><input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE</div><div><input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW</div><div><input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)

55</div></div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15100-001

LOUISIANA

HEAD OF FAMILY *Lapourne Robert*

COLOR *W* AGE *24* BIRTHPLACE *St. Martin*

E.D. *128* SHEET *23*

COUNTY *St. Martin* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|-----------|------------|
| <i>Aminthe</i> | <i>W</i> | <i>22</i> | |
| <i>Edmon</i> | <i>S</i> | <i>5</i> | |
| <i>Rosa</i> | <i>S</i> | <i>3</i> | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|-----------------|
| L/62 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Laverne, Robert |
| | | | | E.D. | 105 |
| | | | | SHEET | 16 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| I Agnes | | D | 1 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------------|------------|------|
| L160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. |
| W | 24 | Lauriere, Robert | | 70 |
| COUNTY | | SHEET | | |
| St. James | | 6 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelia | W | 21 | | |
| Loretta | D | 5 1/2 | | |
| Ursula | B | 28 | | |
| Burgess, Freda Mae | ML | 47 | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| k160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 12 | E.D. | 105 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET 11 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Landry | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ketchum Lucine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-537 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P01

RECORDED 1910-601

| | | | | |
|-------------------------|----------------|------------|------------|------|
| C160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 31 | | | 124 |
| COUNTY | | SHEET | | |
| Winn | | 7 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jhea M. | W | 30 | | |
| Hettie P. | D | 4 | | |
| | | | | |
| | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 1162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Mexico |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pauline | | W | 34 | Mex | |
| Angelina | | D | 11 | | |
| Lewia | | D | 9 | | |
| Uwa | | D | 7 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----------|------------|-------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | 70 10 |
| COUNTY | | | St. James | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Aline | | W | 29 | | |
| Henrietta | | D | 5 | | |
| Ernest | | S | 1 1/2 | | |
| Willie | | B | 7 | | |
| Wilson | | F | 5 1/2 | | |
| Nicholas | | B | 19 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 48 | BIRTHPLACE | 90 17 |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Leah | | W | 34 | | |
| Leah, Cassie M | | D | 21 | | |
| x 2 Bo | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|-------|
| 1160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | Italy |
| COUNTY | | CITY | | E.O. 318 | |
| Cade | | Vervian | | | |
| ENUMERATED WITH | | Lento, Joseph | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
Rv | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

| | | | | | |
|--|------------------|---|--|---|--------------------|
| L/61 | | NAME OF INDIVIDUAL
<i>Laverne Lani</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>10</i> | BIRTHPLACE | | E.D.
<i>93</i> | SHEET
<i>11</i> |
| COUNTY | | Natchitoches CITY | | | |
| ENUMERATED WITH | | <i>Praille Neville</i> | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | | <input type="checkbox"/> NEPHEW | | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | | <input type="checkbox"/> NIECE | | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | | <input type="checkbox"/> FATHER-IN-LAW | | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | | <input type="checkbox"/> MOTHER-IN-LAW | | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | | <input type="checkbox"/> SON-IN-LAW | | <input checked="" type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | | <input type="checkbox"/> DAUGHTER-IN-LAW | | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|----|--|-----------------|
| L162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | TRU | AGE | 17 | BIRTHPLACE | E.D. 55 SHEET 2 |
| COUNTY | | IBERVILLE | | CITY | |
| ENUMERATED WITH | | Piquemine | | | |
| RELATIONSHIP TO ABOVE | | Le fraux, Mary J | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
ad-cl | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18166-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| MW | 16 | Miss | | 1 | 2 |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Odell | | si | 35 | Miss | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| L160 | | HEAD OF FAMILY . | | LOUISIANA | |
| COLOR | Age | BIRTHPLACE | | E.D. | SHEET |
| Wm | 50 | Levarie - Selana. | | 83 | 1 |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Levarie Selana | | D | 16 | | |
| 1 Linson | | SL | 24 | | |
| Cook Mary | | DA | 4 | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|------------------|--|--------------------------|
| 2162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTH PLACE | Laprouse Mrs. Lelema 109 |
| COUNTY | | | CITY | | |
| Terrebonne | | | Terrebonne | | |
| ENUMERATED WITH | | | Laprouses Olivia | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-26-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P81

| | | | |
|-------------------------|--------------|-----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. |
| W | 40 | Laverne Selenia | 104 |
| COUNTY | | SHEET | |
| St. Landry | | 24 | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Eunice | D | 21 | |
| Crasta | S | 18 | |
| Amy | D | 17 | |
| Austin | S | 15 | |
| Amanda | D | 13 | |
| Louise | D | 11 | |
| Agathe | D | 9 | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-------|------------|
| Alexander | S | 7 | |
| Francis | S | 5 | |
| Angele | D | 3 | |
| James H. | S | 1 1/2 | |
| | | | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-101

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------------|
| L 160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Louisiana, Sept 1870 |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ella | | W | 20 | | |
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FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|--------------------|
| S162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 63 | BIRTHPLACE | Laplace, Louisiana |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Erma M | W | 54 | | | |
| Matilda | D | 34 | | | |
| Mossie | D | 27 | | | |
| Amelia | D | 21 | | | |
| Amede | S | 17 | | | |
| Albert | S | 15 | | | |
| Adolph | S | 12 | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---------------------|---|----|
| 2162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 21 | E.D. | 78 |
| | | BIRTHPLACE | | SHEET 5 | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Iberia | | |
| RELATIONSHIP TO ABOVE | | | Delcambre, Aristide | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

| | | | | | |
|---|-----------------|--|--|--------------------|-------------------|
| 2160 | | NAME OF INDIVIDUAL
<i>Leverie, Sidney</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>8</i> | BIRTHPLACE | | E.D.
<i>105</i> | SHEET
<i>4</i> |
| COUNTY
<i>S. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Jones, Valasien</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> WIDOW
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
<i>S-S</i> </div> </div> | | | | | |

FORM 10-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCORN-DC 18103-P61

| | | | | | |
|-----------------------|---|--|---|------------|------------|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 8 | BIRTHPLACE | St. Martin |
| COUNTY | | CITY | | St. Martin | |
| ENUMERATED WITH | | Rodrigues Joseph | | | |
| RELATIONSHIP TO ABOVE | | <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L 162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| mw | 37 | | | 52 | 20 |
| COUNTY | | CITY | | | |
| Calcasieu | | Hennings | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Clara | w | 24 | | | |
| Arile | s | 6 | | | |
| Gertrude | d | 4 | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 51 | | 73 | 5 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ezal | | W | 38 | | |
| E. Emma | | D | 13 | | |
| Ala | | D | 11 | | |
| N. etton | | S | 8 | | |
| Ozeta | | D | 6 | | |
| Criston | | S | 4 | | |
| Anna | | S | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|--------------------|--------|------------|-----|
| L 162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | |
| | | Laverne Stanislaus | | E.D. | 104 |
| | | | | SHEET | 21 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Anais | | W | 20 | | |
| Jean Baptiste | | S | 1 7/16 | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|------|-----------|-------|
| L162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 20 | Leforse, Lueze | | 8 | 18 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| ENUMERATED WITH | | | | | |
| Leforse, Eubert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center; font-size: 2em;">B</div> </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61

| | | | |
|-------------------------|--------------|------------|-------------|
| 2760 Cassiere Street | | LOUISIANA | |
| COLOR
W | AGE
25 | E.D.
12 | SHEET
23 |
| COUNTY
Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Georgia | W | 22 | |
| Whitney | S | 2 | |
| | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|--|-------|
| A162 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 67 | | 153 | 6 |
| COUNTY | | | CITY | | |
| West Feliciana | | | | | |
| ENUMERATED WITH | | | | | |
| Lavergean Ellen | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-437 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 43 | BIRTHPLACE | Miss |
| COUNTY | | Madison | | CITY | Jallulah |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|-----------------|--------------|-----------|------------|
| 5160 | HEAD OF FAMILY | | LOUISIANA | |
| W | Lorraine Tannis | | E.D. 12 | SHEET 14 |
| | AGE 44 | BIRTHPLACE | | |
| COUNTY | | CITY | | |
| Iberia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Adeline | w | 26 | |
| | Foster | s | 19 | |
| | Eddie | s | 15 | |
| | Lerdice | s | 11 | |
| | May | d | 5 | |
| | Nora | d | 9 1/2 | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L160 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| w | 20 | | 8 | 12 |
| COUNTY | | CITY | | |
| Acadia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Deleson | | D | 15 | |
| Eda | | D | 13 | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 814 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 29 | Grant | | 63 | 9 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Arcadia | | W | 24 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 5160 | | HEAD OF FAMILY | | LOUISIANA | |
| Lounere, Lernal | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 41 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | W | 34 | | |
| Edna | | S | 12 | | |
| Marilyn | | S | 16 | | |
| George | | S | 7 | | |
| Otto | | S | 8 | | |
| Abel | | S | 2 | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|----------------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | Laurier, Texon |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Clara | W | 52 | | |
| | Valerie | D | 22 | | |
| | Palestine | D | 20 | | |
| | Luzia | S | 18 | | |
| | Nora | D | 15 | | |
| | Elegide | D | 13 | | |
| | Preston | S | 10 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|----------------------|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | Louisiana, Louisiana |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eleonora | | W | 22 | | |
| Philomena | | D | 1 1/2 | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------------|-------|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 46 | | | 126 | 4 |
| COUNTY | | St. Martin | | CITY | |
| | | | | St. Martinsville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Loretta | | W | 57 | | |
| Alpha | | S | 32 | | |
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FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----------------|------------|------------|
| 8160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 55 | Zouari Thambert | | 64/17 |
| COUNTY | | | CITY | | |
| ST. Charles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Margaret | | W | 48 | | |
| Bernadine | | S | 21 | | |
| Rudolph | | S | 19 | | |
| Phyllomine | | D | 17 | | |
| Giles | | S | 16 | | |
| Earth | | S | 13 | | |
| Charles | | S | 12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Eugene | S | 9 | |
| Benjamin | S | 5 | |
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FORM 19-436a 14-20-811

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P61

| | |
|--|---|
| LOUISIANA | |
| L-160 | NAME OF INDIVIDUAL <i>Lafosse, Lonnie J.</i> |
| COLOR <i>W</i> | E.O. <i>142</i> |
| AGE <i>23</i> | SHEET <i>3</i> |
| BIRTHPLACE | |
| COUNTY <i>West Carroll</i> | CITY |
| ENUMERATED WITH <i>Lafosse, Frank</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>B</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16196-P61

| | | LOUISIANA | |
|----------------------------|---------------------------------------|----------------------------|------------------|
| L 160 | HEAD OF FAMILY
<i>Labaria Tony</i> | | E.D. 44 SHEET 23 |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE
<i>Italy</i> | |
| COUNTY
<i>Calcasieu</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| | | | BIRTHPLACE |
| <i>1</i> | <i>Katie</i> | <i>W</i> | <i>19</i> |
| | <i>Sera</i> | <i>D</i> | <i>6/24</i> |
| | | | |
| | | | |
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| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-------|------------------|-----|------|-------|
| 5161 | | HEAD OF FAMILY | | Salvarbers, Tony | | E.O. | SHEET |
| COLOR | W | AGE | 35 | BIRTHPLACE | St. | 716 | 10 |
| COUNTY | | | | Tangipahoa | | | |
| | | | | CITY | | | |
| | | | | Independence | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Annie | | W | 28 | St | | | |
| Josephine | | D | 5 | | | | |
| Louise | | D | 4 | | | | |
| Victor | | S | 1 1/2 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----------|---|--|---|-------------|
| 2160 | | NAME OF INDIVIDUAL
Loren Jewel M | | E.D.
62 | SHEET
39 |
| COLOR
W | AGE
20 | BIRTHPLACE
Miss | | | |
| COUNTY
Grant | | CITY | | | |
| ENUMERATED WITH
Langford Larkin d. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P01

| LOUISIANA | | | |
|-------------------------|--------------------------------------|-----------|-------------------|
| <i>X 162</i> | HEAD OF FAMILY <i>Laforgue Urcas</i> | | |
| E.O. <i>14</i> | SHEET <i>26</i> | | |
| COLOR <i>W</i> | AGE <i>40</i> BIRTHPLACE | | |
| COUNTY <i>Avoyelles</i> | CITY <i>Marksville</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Ledemona</i> | <i>W</i> | <i>23</i> | |
| <i>Beylman</i> | <i>S</i> | <i>18</i> | |
| <i>Aylson</i> | <i>D</i> | <i>7</i> | <i>Marksville</i> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|-----------|--|--|
| 2160 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lousiers, Yriel | | E.D. | | SHEET | |
| COLOR | W | AGE | 28 | BIRTHPLACE | |
| COUNTY | | | St. James | CITY | |
| ENUMERATED WITH | | | | | |
| Lousiers, Robert E | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

Form 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | | | |
| 104 | | 23 | | | |
| COLOR | W | AGE | 48 | BIRTHPLACE | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clonide | | W | 42 | | |
| Laure | | D | 16 | | |
| Willis | | S | 12 | | |
| Ulysses | | S | 9 | | |
| Louis | | S | 5 | | |
| Aphelia | | D | 2 | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|--|--|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL | | Lavar Valco | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | BIRTHPLACE | | 111 | | P | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Henry Harry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

JSC01M-11C 10100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| 8-160 | | NAME OF INDIVIDUAL
Lewie Valco | | E.O.
111 | SHEET
8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
26 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
St. Landry | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Harry Harry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15103-P81

LOUISIANA

| | | | | | |
|--|------------------|--|--|---|-------------------|
| 1162 | | NAME OF INDIVIDUAL
<i>Laporse Valley</i> | | E.D.
<i>19</i> | SHEET
<i>3</i> |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE | | | |
| COUNTY
<i>Iberia</i> | | CITY
<i>New Iberia</i> | | | |
| ENUMERATED WITH
<i>Kitter Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| | | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------|------------|-------------|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L160 | NAME OF INDIVIDUAL
<i>La Bra Victor</i> | | | E.D.
87 | SHEET
10 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
65 | BIRTHPLACE
<i>La - Italy</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Mary</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>La Bra Peter</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P01

LOUISIANA

| | | | | |
|--|---|--|-------------------|--------------------|
| 2960 | NAME OF INDIVIDUAL
<i>Luvier, Victor</i> | | E.D.
<i>13</i> | SHEET
<i>14</i> |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | | |
| COUNTY
<i>Iberia</i> | | CITY | | |
| ENUMERATED WITH
<i>Gailot, Odie</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16106-P61

| | | | | | | | |
|-------------------------|--|----------------|--|-------------------|--|------------|--|
| 2160 | | HEAD OF FAMILY | | Louisiane, Victor | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| w | | 22 | | | | 70 11 | |
| COUNTY | | | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| Adonis | | | | w | | 69 | |
| Marie | | | | D | | 40 | |
| Frank | | | | S | | 29 | |
| | | | | | | | |
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Form 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|--|-----------|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL
<i>Louise Victoria</i> | | LOUISIANA | E.O.
126 | SHEET
16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
16 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
St. Martin | | CITY
St. Martinville | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Johnson Valerie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| 2160 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 43 | | 70 13 | |
| BIRTHPLACE | | St. James | | CITY | |
| COUNTY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Artemus | | W | 40 | | |
| Eusabid | | S | 18 | | |
| Edna | | D | 14 | | |
| Eveline | | D | 9 | | |
| Melascon, Paul | | BL | 60 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------|-----------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 2162 | | NAME OF INDIVIDUAL
<i>Labrecy Viola</i> | | LOUISIANA | E.D.
<i>179</i> | SHEET
<i>18</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>LOUISIANA</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Barker Jim</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>LS</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>LS</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>LS</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | LOUISIANA | |
|-------------------------|----------------|--------------|------------|
| L160 | HEAD OF FAMILY | Lewis Varice | E.D. SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 42 | | 11 4 |
| COUNTY | Acadia | CITY | Crawley |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Clemmie | w | 36 | |
| Virginia | d | 17 | |
| Nora | d | 13 | |
| Lida | d | 5 | |
| | | | |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | E.O. | | SHEET | |
|-------------------------|---------|----------------|-------|----------------|--|
| 2160 | | HEAD OF FAMILY | | Laboure Walter | |
| COLOR | W | AGE | 34 | BIRTHPLACE | |
| COUNTY | Iberia | CITY | | New Iberia | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Cecile | w | 34 | | |
| | Walter | s | 6 | | |
| | Kenward | s | 5 | | |
| | Dallas | s | 3 | | |
| | Roy | s | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 162 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafargue, Walter S | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 31 | | | | |
| COUNTY | | CITY | | | |
| Lafourche | | Thibodaux | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lula B | | W | 26 | | |
| Hubert A. | | S | 3 | | |
| Mary E | | D | 2 | | |
| Beauvois, Mary C. | | M.L. | 68 | | |
| and 2 de | | | | | |
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FORM 16-636 (4-20-61)
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|--|----------------|--|----------------|--|------------|--|
| L162 | | HEAD OF FAMILY | | Laveragan W.D. | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 53 | | | | 1536 | |
| COUNTY | | | | CITY | | | |
| West Feliciana | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| 1 Se | | | | | | | |
| 2 L. | | | | | | | |
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FORM 18-636 (4-20-01)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|--|------|---|--------------------|
| L162 | | NAME OF INDIVIDUAL
<i>Laforgue, Wilhelmin</i> | | E.D.
<i>92</i> | SHEET
<i>13</i> |
| COLOR
<i>Wm</i> | AGE
<i>55</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Tammany</i> | | | CITY | | |
| ENUMERATED WITH
<i>Baham, Pierre</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> HUSBAND
<input type="checkbox"/> WIFE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | LOUISIANA | |
|-------------------------|--|----------------|----------------|------------|-------|
| L162 | | HEAD OF FAMILY | | E.D. | SHEET |
| COLOR | | AGE | BIRTHPLACE | | |
| W | | 24 | Lefourch, Nell | | |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mother | | W | 26 | Lefourch | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 17 | | 51 | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hurst, Will W. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P81

| | | | | | |
|-------------------------|-------|----------------|------|------------|-------|
| L160 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lopez, William | | E.O. | SHEET |
| COLOR | W | AGE | 23 | 3 | 27 |
| | | BIRTHPLACE | | Miss | |
| COUNTY | | | CITY | | |
| Caldwell | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Alice | W | 19 | Miss | |
| | | | | | |
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FORM 10-630 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------|---|------|--|----|
| 462 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Bourgoin William | | E.D. | | SHEET | |
| COLOR | W | AGE | 46 | BIRTHPLACE | 68 |
| COUNTY | St. James | | CITY | | |
| ENUMERATED WITH | | | | | |
| Le Bourgoin Lewis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCDA-CC 1910-961

LOUISIANA

| | | | | |
|----------------------------|--|--------------|-----------------|----------------|
| 2162 | HEAD OF FAMILY <i>La forge William</i> | | E.D. <i>144</i> | SHEET <i>1</i> |
| COLOR <i>W</i> | AGE <i>27</i> | BIRTHPLACE | | |
| COUNTY <i>West Carroll</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Vera</i> | | <i>W</i> | <i>20</i> | |
| <i>and 1 Bo</i> | | | | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8160 | NAME OF INDIVIDUAL
<i>Lape, William L</i> | | E.D.
<i>114</i> | SHEET
<i>14</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>42</i> | BIRTHPLACE
<i>Miss</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Tangipahoa</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Norman, Ulysses L</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P01

| | | | | LOUISIANA | |
|-------------------------|-----|-------------------|------|------------|-------|
| L162 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lawson, William J | | 50 | 17 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 36 | | | | |
| COUNTY | | | CITY | | |
| Tortville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lisa | | W | 35 | | |
| Parent, Alma | | S-D | 13 | | |
| Lawson, Loretta | | D | 9 | | |
| / William | | S | 7 | | |
| / Ned | | S | 6 | | |
| / Beatrice | | D | 1 | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L160 | | NAME OF INDIVIDUAL | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 7 | | 70 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. James | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louviere, Samuel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0084-DC 10100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L160 | NAME OF INDIVIDUAL
Louviere Willie | | E.D.
126 | SHEET
18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
6 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
St. Martin | CITY
St Martinville | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Johnson Valerie | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-64)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-NC 16100-P61

LOUISIANA

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| L/160 Louvier Wilhe | | 46 | 5 |
| COLOR | AGE | BIRTHPLACE | |
| W | 23 | | |
| COUNTY | CITY | | |
| Lafourche | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Pauline | W | 24 | |
| Helena | D | 4 | |
| Wilhe | D | 2 | |
| Ular | D | 3/4 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2162 | NAME OF INDIVIDUAL | Lavergan Willie | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | 153 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| mu | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | West Feliciana | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | Lavergan W D. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P-61

| | | | LOUISIANA | |
|-------------------------|-----------|------------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET | |
| P. 62 | | Laperouse Willis | | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 35 | | | |
| COUNTY | Iberia | CITY | New Iberia | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| | Claudia | W | 32 | |
| | Robert | S | 12 | |
| | Roberta | 10 | 10 | |
| | Clinora | S | 7 | |
| | Claudella | 12 | 10 1/2 | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|---|--|-------------------|--------------------|
| L160 | NAME OF INDIVIDUAL
<i>Louviere, Wilson</i> | | E.O.
<i>70</i> | SHEET
<i>10</i> |
| COLOR
<i>W</i> | AGE
<i>53</i> | BIRTHPLACE | | |
| COUNTY
<i>St. James</i> | CITY | | | |
| ENUMERATED WITH
<i>Louviere, Samuel</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-28-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | | LOUISIANA | |
|-------------------------|----------------|-----------------|-----------|------------|
| 516 | HEAD OF FAMILY | Lauriere Wilson | | E.D. 12 |
| | | | | SHEET 23 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 56 | | | |
| COUNTY | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / | Marcelline | w | 50 | |
| / | Julie | d | 25 | |
| / | Bernard | s | 26 | |
| / | Lanel | s | 22 | |
| / | Mers | d | 18 | |
| / | Jean | s | 10 | |
| / | | | | |

1900

1901

1902

1903

| | | | | | |
|-------------------------|---|----------------|-----------|------------|----|
| 6163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 23 | E.D. | 39 |
| | | BIRTHPLACE | | SHEET | 3 |
| COUNTY | | | Calcasieu | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Perrine | | W | 22 | | |
| Alko | | S | 2 1/2 | | |
| Mary O | | D | 1 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|---------|------------|----|
| 463 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | |
| | | | | E.D. | 85 |
| | | | | SHEET | 33 |
| COUNTY | | | Rapides | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 5 2 James | | W | 22 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 42 | | | 78 |
| SHEET 10 | | | | |
| COUNTY | | CITY | | |
| Avoyelles | | Hessmer | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Septine | w | 41 | | |
| Ray | d | 14 | | |
| Emma | d | 13 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----------|------------|-------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 27 | | | 14 | 12 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. <i>Regina</i> | | <i>M</i> | <i>20</i> | | |
| <i>Lackey Alvide</i> | | <i>sister</i> | <i>12</i> | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|------------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 55 | BIRTHPLACE | Theridille |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Cora | | W | 54 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|--|
| 2143 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| La Porter Adele | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 66 16 | |
| B | 10 | | | | |
| COUNTY | | CITY | | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Robertson Esau | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> WIFE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-537 (4-29-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | |
|--------------------------|----------------------------------|----------------------------|------------|-------------------|
| L163 | HEAD OF FAMILY
<i>Laborde</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>38</i> | BIRTHPLACE
<i>Ides.</i> | | E.D.
<i>80</i> |
| SHEET
<i>23</i> | | | | |
| COUNTY
<i>Rapides</i> | | CITY
<i>Alexandria</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Sarah</i> | <i>W</i> | <i>31</i> | | |
| <i>Evan</i> | <i>D</i> | <i>13</i> | | |
| <i>Lester</i> | <i>S</i> | <i>11</i> | | |
| <i>Conce</i> | <i>D</i> | <i>10</i> | | |
| <i>Arthur</i> | <i>S</i> | <i>8</i> | | |
| <i>Man</i> | <i>D</i> | <i>6</i> | | |
| <i>Blanche</i> | <i>D</i> | <i>4</i> | | |

FORM 10-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-616a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19108-P41

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 38 | | 48 | 2 |
| BIRTHPLACE | | | | | |
| COUNTY | | Franklin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Belle | | W | 35 | | |
| Lily | | D | 18 | | |
| Nathan | | S | 11 | | |
| Joseph | | S | 9 | | |
| Fruit | | S | 7 | | |
| Cecilia | | D | 4 | | |
| Clara | | D | 2 | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----------|------------|--|
| 463 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 42 | | 97 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 7 | |
| COUNTY | | | CITY | | |
| St. Tammany | | | Covington | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emily | | W | 36 | France | |
| Pierce | | S | 6 | | |
| Edmond | | S | 4 | | |
| Rachel | | D | 2 | | |
| 2 servants | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 4163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| N | | 39 | | 48 | 7 |
| BIRTHPLACE | | | | | |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 39 | | |
| Phostasia | | D | 18 | | |
| Leory | | D | 16 | | |
| William | | D | 14 | | |
| Samson | | S | 8 | | |
| Wiedie | | S | 5 | | |
| | | | | | |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----------|------------|---------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| 463 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 22 | BIRTHPLACE | E.O. 47 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | Lafourche | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Levert, Joseph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>S.</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S. | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18105-P61

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L165 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 26 | | | 2 |
| SHEET 20 | | | | |
| COUNTY | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | W | 26 | | |
| Therese | S | 6 | | |
| Eline | d | 5 | | |
| Electa | d | 3 | | |
| Samella | d | 2 | | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 26 | | | 102 | 22 |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lydia | | S. | 16 | | |
| Wilson | | B | 13 | | |
| Gordon | | B | 10 | | |
| Augustine | | F | 58 | | |
| Julia | | M | 48 | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2166 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 38 | France | | 58 | 2 |
| COUNTY | | CITY | | | |
| St. Bernard | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| E. pharrieck | | Si | 35 | France | |
| Justine | | Si | 31 | France | |
| Albert | | A | 12 | | |
| Lucien | | A | 10 | | |
| 1. L. | | | | | |
| | | | | | |
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FORM 16-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------|------------|------|
| L 163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 61 | Labarde Albert | | 22 6 |
| COUNTY | | CITY | | |
| Avoyelles | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Caroline | w | 57 | | |
| Angelia | d | 20 | | |
| Albert | s | 14 | | |
| Weston | s | 8 | | |
| Labarde Horace | b | 59 | | |
| and 1 boarder | | | | |
| | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | Levert Albert a. | | E.D. | SHEET |
| | | BIRTHPLACE | | 128 | 26 |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | W | 38 | | |
| Stephanie | | D | 10 | | |
| Sylvia | | D | 2 | | |
| | | | | | |
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FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| Lebaron Albert W | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 27 | | | | |
| COUNTY | | | CITY | | |
| Sabine | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Virgie | | W | 18 | | |
| Kenner | | S | 3 | | |
| Bruna | | D | 2 | | |
| Vera E | | D | 1 1/2 | | |
| James L | | S | 3 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|--------|
| L 165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Acadia |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mellina | | w | 21 | | |
| Martin | | s | 4 | | |
| Martha | | d | 3 | | |
| Nola | | d | 1 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 25 | | | 17 |
| COUNTY | | CITY | | SHEET | |
| | | Ivovells | | Hessmer | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cecilia | | W | 21 | | |
| Edna | | D | 4 | | |
| Edwards | | D | 3 | | |
| Sidney | | S | 1 7/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|------|------------|----|
| P-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 45 | E.D. | 13 |
| | | BIRTHPLACE | | SHEET | 13 |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 37 | | |
| | Ellis | S | 21 | | |
| | Oneda | D | 17 | | |
| | Abel | D | 13 | | |
| | Lena | D | 7 | | |
| | Lela | D | 7 | | |
| | Ernest | S | 4 | | |

FORM 10-636 (4-20-61)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-634e (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15102-P01

| | | | | |
|-------------------------|----------------|-----------------|------------|------------|
| L163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
23 | LABORDE, Alcide | | E.D.
24 |
| BIRTHPLACE | | SHEET
9 | | |
| COUNTY | | CITY | | |
| Avoyelles | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Locade | W | 23 | | |
| Helma | D | 2 | | |
| Josie | D | 1 1/2 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|------|------------|--|
| 2-163 | | HEAD OF FAMILY | | LOUISIANA | |
| LABORD, Alcide | | E.D. | | SHEET | |
| COLOR | W | AGE | 31 | BIRTHPLACE | |
| COUNTY | Acadia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 May | | W | 28 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 56 | Faborde, Alue | | 13 | 22 |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | w | 50 | | |
| Isca | | s | 19 | | |
| Lennie | | d | 16 | | |
| Alice | | d | 14 | | |
| Gemma | | d | 11 | | |
| L. Russ | | d | 6 | | |
| Barn Q. | | s | 2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|--------|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W. | AGE | 37 | BIRTHPLACE | Alaska |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elvina | | W | 30 | | |
| Clarest | | S | 14 | | |
| Armand | | S | 12 | | |
| Lauran | | S | 10 | | |
| E. dda | | d | 8 | | |
| Louisiana | | d | 6 | | |
| Isabelle | | d | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|--------------|------------|--|
| L 165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 67 | BIRTHPLACE | |
| COUNTY | | | Assumption | | |
| CITY | | | Plattenville | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Le Burn, Gelomine | | W | 55 | | |
| Jeanne D | | | 19 | | |
| Henry S | | | 25 | | |
| Ciblane S | | | 24 | | |
| Rosalie D | | | 29 | | |
| Rosa H D | | | 3 | | |
| Oscar B | | | 40 | | |
| Rome | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|----|
| 2163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 32 | E.D. | 52 |
| | | BIRTHPLACE | | SHEET 15 | |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | Jennings | | | |
| RELATIONSHIP TO ABOVE | | Perrault Edwin J. | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|--|---|--------------------|---|------------|-----------------|
| L 63 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 | BIRTHPLACE | ED. 10 SHEET 18 |
| COUNTY | | Assumption | | CITY | |
| ENUMERATED WITH | | | | | |
| Mislere, Louise | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16196-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|-----------------------------------|-------------------------------------|---------------------------------|--|--|----------------------------------|-------------------------------|---|---|--------------------------------|--|--|
| 465 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 28 | | | 104 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Terrebonne | | Houma | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Levron Jules | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MATE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MATE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Si | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18185-P61

| | | | | | |
|-------------------------|---------|----------------|-----------|------------|----|
| L 163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 65 | E.D. | 48 |
| | | BIRTHPLACE | | SHEET | 26 |
| COUNTY | | | Lafourch  | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Elise | W | 60 | | |
| | Mervand | 2 | 36 | | |
| | Wlyson | S | 37 | | |
| | Jallian | S | 25 | | |
| | Urban | S | 20 | | |
| | Elvins | D | 18 | | |
| | | | | | |

FORM 16-636 (6-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. SHEET |
| W | 39 | | | 48 27 |
| COUNTY | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Cesma | | W | 36 | |
| Stella | | D | 7 | |
| Easter | | S | 4 | |
| Siffing | | S | 2 | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|--------|-------------------|------|-----------|-------|
| L163 | | HEAD OF FAMILY | | Leverett Alonza I | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Miss | E.D. | SHEET |
| | | | | 106 | 20 | | |
| COUNTY | | | | Quachita | | | |
| | | | | CITY West Monroe | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| / Mabel | | W | 26 | Tex | | | |
| / Clifford | | S | 6 | 1 | | | |
| / Lula | | D | 13 1/2 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|------------------|-----------|------------|-------|
| P-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 50 | BIRTHPLACE | |
| | | | | E.D. | SHEET |
| | | | | 24 | 7 |
| COUNTY | | | Aveyelles | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION
SHIP | AGE | BIRTHPLACE | |
| Louise | | W | 49 | | |
| Arthur | | S | 22 | | |
| Emma | | D | 20 | | |
| Charles | | S | 18 | | |
| Berette | | S | 17 | | |
| Winney | | D | 14 | | |
| Lulger | | S | 12 | | |

FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 463 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| W | 27 | Italy | 66 | 48 |
| COUNTY | | CITY | | |
| St. James | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Antonina | W | 20 | Italy | |
| George | S | 5 | Italy | |
| | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 58 | | | 15 |
| SHEET 8 | | | | |
| COUNTY | | | | |
| Avoyelles | | | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | w | 54 | | |
| Mary R | d | 23 | | |
| James A | s | 21 | | |
| Florida A | d | 19 | | |
| Phanor A | s | 17 | | |
| Filmore A | s | 16 | | |
| Cecile A | d | 14 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------|--------------|-----|------------|
| Virginia M | d | 11 | |
| | | | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 13100-P61

| | | | |
|--|------------|------------|-------|
| 5165 | | LOUISIANA | |
| NAME OF INDIVIDUAL | | E.D. | SHEET |
| Lester Algernia | | 125 | 1 |
| COLOR | AGE | BIRTHPLACE | |
| B | 15 | | |
| COUNTY | CITY | | |
| | St. Martin | | |
| ENUMERATED WITH | | | |
| De Lore Willis | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|------------|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 7 | BIRTHPLACE | E.D. 16 SHEET 19 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Avoyelles | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LABORDE, Martin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCENS-DC 1910-P61

| | | | | | |
|-------------------------|-----------|----------------|----------------|------------|--|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 65 | BIRTHPLACE | |
| | | | Levert, Amodee | | |
| COUNTY | | Iberville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Ernestine | W | 60 | | |
| | Cora | D | 37 | | |
| | Essie | S | 37 | | |
| | Edward | S | 33 | | |
| | Mary | D | 29 | | |
| | Jinie | D | 26 | | |
| | Lucille | D | 16 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------------|-----------|--------------------|
| L165 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
28 | BIRTHPLACE
Andree | | E.D. SHEET
2 31 |
| COUNTY
Acadia | | CITY
Acadia | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE |
| Anegia | | W | 26 | |
| Maise | | 5 | 6 | |
| Telesma | | 5 | 4 | |
| Uellier | | 5 | 2 | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|---------------|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 59 | BIRTHPLACE | Lobron Andrew |
| COUNTY | | Maqueminas | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Rose | W | 50 | | |
| | Robert | S | 28 | | |
| | Andrew J | S | 26 | | |
| | Marie | D | 21 | | |
| | Amarance | D | 16 | | |
| | Ernest | S | 14 | | |
| | Tuta | D | 12 | | |

FORM 78-636 (4-20-11)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Parchna | D | 9 | |
| Leone | D | 7 | |
| Clarence | D | 6 | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18106-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Laborde Anna |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marrie B | | d | 9 | | |
| Gloda | | d | 6 | | |
| Jappy | | d | 5 | | |
| Alton | | s | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|-----------------|--|--|
| 2105 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 2 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Plaquemines | | |
| RELATIONSHIP TO ABOVE | | | Bentley, Arthur | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
S.D. | |

FORM 18-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18198-P-61

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 44 | | 51 | 16 |
| BIRTHPLACE | | | | | |
| COUNTY | | Plaquemine | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anna H | | W | 36 | | |
| Anita P | | D | 14 | | |
| Curt | | S | 8 | | |
| Clifford | | S | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 8165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 46 | Italy | 18 | 5 |
| COUNTY | | | CITY | | |
| Ibora | | | New Iberia | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Corey | | w | 37 | It. | |
| Charley | | s | 16 | It. | |
| Anthony | | s | 15 | It. | |
| Josephine | | d | 10 | | |
| Fannie | | d | 8 | | |
| Samuel | | s | 6 | | |
| Joseph | | s | 5 | | |

FORM 16-636 (4-26-61)
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-------|--------------|-----|------------|
| Chica | d | 4 | |
| Frank | s | 1 | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | |
| W | | 49 | | 14 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 14 | |
| COUNTY | | | | CITY | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wiley | | S | 16 | | |
| Harry | | S | 14 | | |
| Addie | | D | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Liberto, Antonio |
| COUNTY | | Assumption | | CITY | Italy |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Anna | | W | 19 | Italy | |
| | | | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |
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FORM 16-436 (4-26-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------------|-----|------------|-------|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 40 | Lafayette, Louisiana | | 35 | 13 |
| COUNTY | | CITY | | | |
| Jefferson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 47 | La | |
| Eulalia | | D | 15 | | |
| Joseph | | S | 14 | | |
| Theresa | | S | 7 | | |
| Lara | | D | 1 | | |
| Lura | | S | 5 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------------|----------------|-----------|------------|--------------------|
| X-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | w | AGE | 68 | BIRTHPLACE | Labarde Gypolensis |
| E.D. | | 16 | | SHEET | |
| 20 | | | | | |
| COUNTY | | | Avoyelles | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Charles | w | 34 | | |
| | Leticia | S | 7 | | |
| | Marie S. | D | 5 | | |
| | McGee's Annie Lou | SS | 15 | | |
| | 1 Abraham | SS | 11 | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--------|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 45 | BIRTHPLACE | Acadia |
| | | | CITY | Crowley | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leanna | | w | 30 | | |
| Philip | | s | 14 | | |
| Betsey | | d | 13 | | |
| Joseph | | s | 5 | | |
| Lillian | | d | 4 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|------------------|--|--|
| L 163
163 | | NAME OF INDIVIDUAL
<i>Lefebvre, Irene</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>14</i> | BIRTHPLACE | E.D.
<i>4</i> | SHEET
<i>6</i> | |
| COUNTY | | CITY | | | |
| ENUMERATED WITH
<i>Ascension</i> | | <i>Donaldsonville</i> | | | |
| RELATIONSHIP TO ABOVE
<i>Jackson, Julia</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| LOUISIANA | |
|---|-----------|
| NAME OF INDIVIDUAL | |
| L163 <i>Luisiadiis Armentine</i> | |
| COLOR | AGE |
| <i>W</i> | <i>60</i> |
| BIRTHPLACE | |
| | |
| COUNTY | CITY |
| <i>St. Bernard</i> | |
| ENUMERATED WITH | |
| <i>Luisiadiis Jules</i> | |
| RELATIONSHIP TO ABOVE | |
| <div><div><input type="checkbox"/> FATHER</div><div><input checked="" type="checkbox"/> MOTHER</div><div><input type="checkbox"/> GRANDFATHER</div><div><input type="checkbox"/> GRANDMOTHER</div><div><input type="checkbox"/> GRANDSON</div><div><input type="checkbox"/> GRANDDAUGHTER</div><div><input type="checkbox"/> AUNT</div><div><input type="checkbox"/> UNCLE</div></div> <div><div><input type="checkbox"/> NEPHEW</div><div><input type="checkbox"/> NIECE</div><div><input type="checkbox"/> FATHER-IN-LAW</div><div><input type="checkbox"/> MOTHER-IN-LAW</div><div><input type="checkbox"/> SON-IN-LAW</div><div><input type="checkbox"/> DAUGHTER-IN-LAW</div><div><input type="checkbox"/> BROTHER-IN-LAW</div><div><input type="checkbox"/> SISTER-IN-LAW</div></div> <div><div><input type="checkbox"/> IMMATE</div><div><input type="checkbox"/> NURSE</div><div><input type="checkbox"/> PATIENT</div><div><input type="checkbox"/> ROOMER</div><div><input type="checkbox"/> SERVANT</div><div><input type="checkbox"/> OTHER (Specify)</div></div> | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCENM-DC 18108-P61

| | | | | | |
|-------------------------|---|----------------|---------|------------|----|
| L-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | E.D. | 16 |
| | | BIRTHPLACE | | SHEET 24 | |
| COUNTY | | | CITY | | |
| Assyria | | | Manassa | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edna | | W | 23 | | |
| Paul A | | S | 3/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-01)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| L165 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 18 | | | 2 | 19 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acadia | | Acadia | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lavern Gerard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 19-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18136-P61

| | | | | | |
|--|-----|---|--|---|-------|
| 6113 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 76 | | | 76 | 20 |
| COUNTY | | CITY | | | |
| Avoynes | | | | | |
| ENUMERATED WITH | | | | | |
| Arbuckle Pierre | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Orphan | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 10100-P01

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 463 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 44 | | | 46 12 |
| COUNTY | | CITY | | |
| Lafourche | | Rockport | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leantina | w | 43 | | |
| Arthur J | S | 17 | | |
| Edmond | S | 6 | | |
| Simon | S | 5 | | |
| Sam | S | 3 | | |
| Beneate | S | 9 | | |
| Matilda | S | 1 | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|----|------------|--------|
| 2163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 68 | BIRTHPLACE | France |
| COUNTY | | St. Martin | | CITY | |
| ENUMERATED WITH | | | | | |
| LaPorte Laurent | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P01

| | | | | | |
|---|-----|---|--|--|--|
| 465 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Leveran Augustine | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 102 22 | |
| R | 58 | | | | |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| ENUMERATED WITH | | Leveran Albert | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-01

| | |
|--|---|
| LOUISIANA | |
| L163 | NAME OF INDIVIDUAL <i>Lefort, Aurora</i> |
| E.D. 4 | SHEET 6 |
| COLOR <i>B</i> | AGE <i>19</i> |
| BIRTHPLACE | |
| COUNTY <i>Ascension</i> | CITY <i>Ronaldsonville</i> |
| ENUMERATED WITH <i>Jackson, Julia</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Sister</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15108-P61

| | | | | | | | |
|-------------------------|--|----------------|--|----------------------|--|------------|--|
| 4163 | | HEAD OF FAMILY | | Le Ford Anstille | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 24 | | | | 82 38 | |
| COUNTY | | | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | | |
| / Anne | | | | W | | 23 | |
| / Gladys | | | | D | | X | |
| | | | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 70 | | 14 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avoyelles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lahorde Abile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|-----|------------------|------|------------|-------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| L163 | | Levenette, B. L. | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 38 | | | | |
| COUNTY | | | CITY | | |
| Webster | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emily | | W | 34 | | |
| Archib | | S | 14 | | |
| Nahie | | D | 9 | | |
| Thelma | | D | 7 | | |
| Horse | | S | 3 | | |
| L. H. M. | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-------------|------------|-------|
| 8163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 32 | La Biron EB | 28 | 1 |
| COUNTY | | | CITY | | |
| Jefferson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| I m. St m. | | Si | 22 | | |
| | | | | | |
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FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L163

LOUISIANA

| | | | | | |
|--|------------------|---|------|---|-------------|
| 430 | | NAME OF INDIVIDUAL
<i>Levert Beatrice</i> | | E.O.
47 | SHEET
20 |
| COLOR
<i>W</i> | AGE
<i>16</i> | BIRTHPLACE | | | |
| COUNTY
<i>Lafourche</i> | | | CITY | | |
| ENUMERATED WITH
<i>Levert Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WMAVE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S.</i> | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18120-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| Lafrance Benoit | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| mu | 35 | | | | |
| COUNTY | | | CITY | | |
| Plaquemine | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelanie | | w | 27 | | |
| Julia | | d | 3 | | |
| Josephine | | d | 2 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|-----------------------------|--|
| 4163 | HEAD OF FAMILY
<i>Leveeal Burnard</i> |
| E.O.
137 | SHEET
12 |
| COLOR
<i>W</i> | AGE
<i>21</i> |
| BIRTHPLACE | |
| COUNTY
<i>Vermillion</i> | CITY |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| | AGE |
| | BIRTHPLACE |
| <i>Lea</i> | <i>W</i> |
| | <i>23</i> |
| <i>Mary</i> | <i>D</i> |
| | <i>2</i> |
| <i>Raymond</i> | <i>S</i> |
| | <i>5 1/2</i> |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| 4165 | NAME OF INDIVIDUAL
<i>Luron, Beulah</i> |
| E.D.
105 | SHEET
3 |
| COLOR
<i>W</i> | AGE
<i>21</i> |
| BIRTHPLACE | |
| COUNTY
<i>Terrebonne</i> | CITY |
| ENUMERATED WITH
<i>Brunett, Clapha</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16152-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L143 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 18 | | 4 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Donalsonville | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jackson, Tulip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P81

| | |
|--|---|
| LOUISIANA | |
| L143 | NAME OF INDIVIDUAL <i>Lambert Bob</i> |
| E.D. 25 | SHEET 6 |
| COLOR <i>W</i> | AGE <i>32</i> |
| BIRTHPLACE | |
| COUNTY | CITY <i>Baton Rouge</i> |
| East Baton Rouge | |
| ENUMERATED WITH <i>Blanche Estreus</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

21COMM-PC 13182-P31

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|----|------------|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---|--------------------------------|--|--|
| 663 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 23 | BIRTHPLACE | Liberto C | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Cade | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>B</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | B | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | B | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| W | 36 | | 123 | 14 |
| COUNTY | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | w | 43 | | |
| Bourque Anton | s s | 19 | | |
| Joseph | s s | 17 | | |
| Lagrange Atalima | nl | 10 | | |
| Nash | s | 8 | | |
| Virginia | d | 6 | | |
| Ebene | nl | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16190-P41

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 35 | | | 16 | 20 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eda | | W | 33 | | |
| Widdie | | S | 14 | | |
| Alida | | D | 12 | | |
| Adelpha | | S | 10 | | |
| Pearl | | D | 7 | | |
| Norma | | D | 6 | | |
| Cecile | | D | 5 | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----|--|-----|
| 2-163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 16 | E.D. | 131 |
| | | BIRTHPLACE | | SHEET 19 | |
| COUNTY | | Washington | | CITY Bogalusa | |
| ENUMERATED WITH | | | | | |
| Levert Louis E | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-537 (4-20-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE: 1910

| | | | | | |
|-------------------------|---------|----------------|-----|-------------|-----------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | BIRTHPLACE | Labard Celavise |
| COUNTY | | CITY | | Grand Cotes | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Roy | Leonel | S | 18 | | |
| / | Leliana | S | 15 | | |
| | Weddie | S | 13 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| 463 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 30 | Cecile | | 47 | 20 |
| COUNTY | | | | | |
| Lafourche CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Levest Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 S: </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | |
|--|--|---|------|-----------|--|
| 2165 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET | |
| Male | 2 | | 76 | 1 | |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Thomas Absolute | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | G. C. | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-61

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Broom Celest | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 84 10 | |
| 57m | 4/6 | | | | |
| COUNTY | | CITY | | | |
| Natchitoches | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Sylvia Frank | D | 21 | | | |
| Joseph | S | 21 | | | |
| Florence | D | 16 | | | |
| Francis Robert | S | NR | | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|-------------------|
| L165 | | NAME OF INDIVIDUAL
<i>Lureau, Celeste</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | | E.D.
<i>105</i> | SHEET
<i>3</i> |
| COUNTY
<i>Irebonne</i> | | CITY | | | |
| ENUMERATED WITH
<i>Brunett, Claps</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>D.</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMA-DC 1910-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| N | 50 | | | 14 | 24 |
| COUNTY | | CITY | | | |
| Avoyelles | | Marksville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Quotastine | | W | 48 | | |
| Lorraine | | D | 26 | | |
| Preston | | S | 22 | | |
| Nestor | | S | 20 | | |
| Lora | | D | 15 | | |
| Lella | | D | 13 | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 6165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 2m | 49 | | | 84 | 21 |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 27 | | |
| Raphaella Henry | | S | 22 | | |
| 1 Truly | | S | 18 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|----------------|-----|------------|-------|
| L163 | | HEAD OF FAMILY | | LABORD, Celine | | LOUISIANA | |
| COLOR | W | AGE | 56 | BIRTHPLACE | | E.D. | SHEET |
| | | | | | | 20 | 5 |
| COUNTY | | | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Furman | | | | S | 26 | | |
| Nickles | | | | S | 18 | | |
| Adrian | | | | S | 16 | | |
| Milton | | | | S | 14 | | |
| | | | | | | | |
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Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|----------------|-----|------------|-------|
| P-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 23 | Laborde Cessie | | 16 | 21 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Laura | W | 21 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 32 | | | 20 |
| COUNTY | | SHEET | | |
| Avoyelles | | 5 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jallie | W | 29 | | |
| Edward E. | D | 9 | | |
| Gracie | D | 7 | | |
| Amalie | D | 5 | | |
| Vernie | D | 3 | | |
| Henry | D | 1 | | |
| Irving | D | 1/2 | | |

FORM 10-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|--|
| L 166 | | HEAD OF FAMILY | | LOUISIANA | |
| Laprairie, Charles | | E.D. | | SHEET | |
| COLOR | W | AGE | 31 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucinda | | W | 20 | | |
| Myrtle | | D | 9 | | |
| Lella | | D | 7 | | |
| Vivian | | D | 2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------|--------------------|------|-----------|-------|
| L/63 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | W 20 | | | 45 | 28 |
| COUNTY | Lafourche | | CITY | | |
| ENUMERATED WITH | | | | | |
| Hebert L. J. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>Comm</u> </div> </div> | | | | | |

FORM 18-637 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|-----|------------------|-------|------------|-------|
| 2144 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| MU | 43 | John the Baptist | | 81 | 16 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Felicie | | W | 30 | | |
| Maurice | | S | 7 | | |
| Charles | | S | 5 | | |
| Felix | | S | 1 1/2 | | |
| Smith, Lucene | | C | 17 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 38 | | | 98 15 |
| COUNTY | | | CITY | | |
| St. Tammany | | | Bridgman | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leticia | | W | 26 | | |
| Edward | | S | 2 | | |
| Lena | | S | 4 | | |
| John | | S | 2 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-26-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|----------------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------|--------------------------------|--|--|
| L163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 25 | Lafayette, C. Harley | 4 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acadian | | | Donaldsonville | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jackson, Julia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Brother</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Brother | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Brother | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|-------------------------|--|----------------|--------------|------------|-------|
| 465 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 52m | | 35 | | 84 | 20 |
| COUNTY | | | Natchitoches | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Rosa | | w | 33 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------------|----------------|------------|------------|-------|
| 1163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 36 | Va. | 4 | 7 |
| COUNTY | | | CITY | | |
| Caldwell | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Ella | W | 20 | Ark | |
| | Mandy | D | 8 | Okla | |
| | Edward | S | 5 | Okla | |
| 7 | Charley | SS | 3 | Okla | |
| | Willie | SS | 1/2 | Ark | |
| | Lafferty John | B | 38 | Va. | |
| | | | | | |

Form 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|----|------------|--------------|
| L165 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Leuson Class |
| COUNTY | | Terrebonne | | CITY | Houma |
| ENUMERATED WITH | | Leuson Jules | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WMASTE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 Si </div> </div> | | | |

Form 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16506-P63

LOUISIANA

| | | | | | |
|--|------------------|---|--------------------------|--|--------------------|
| L 165 | | NAME OF INDIVIDUAL
<i>Leerson, Clara</i> | | E.D.
<i>38</i> | SHEET
<i>29</i> |
| COLOR
<i>W</i> | AGE
<i>72</i> | BIRTHPLACE
<i>Lafourche</i> | | | |
| COUNTY | | | CITY
<i>Thibodaux</i> | | |
| ENUMERATED WITH
<i>St. Martin, Eliza</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Si</i> | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

| | | LOUISIANA | |
|-------------------------|----------------|----------------|-------|
| | | E.O. | SHEET |
| 2163 | HEAD OF FAMILY | Clare | |
| COLOR | AGE | BIRTHPLACE | |
| Wm | 48 | | |
| COUNTY | Lafayette | CITY Lafayette | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| Arand | | 5 | 15 |
| Annabel | | 0 | 13 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|----------|---|--|--|------------|
| L163 | | NAME OF INDIVIDUAL
<i>Lepard, Claude</i> | | E.D.
34 | SHEET
5 |
| COLOR
W | AGE
2 | BIRTHPLACE | | | |
| COUNTY
Caddo | | CITY | | | |
| ENUMERATED WITH
<i>Lepard, Nathaniel B.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | | <input type="checkbox"/> NEPHEW | | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | | <input type="checkbox"/> NIECE | | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | | <input type="checkbox"/> FATHER-IN-LAW | | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | | <input type="checkbox"/> MOTHER-IN-LAW | | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | | <input type="checkbox"/> SON-IN-LAW | | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | | <input type="checkbox"/> DAUGHTER-IN-LAW | | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | | <input type="checkbox"/> BROTHER-IN-LAW | | <i>Girl</i> | |
| <input type="checkbox"/> UNCLE | | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10190-P01

LOUISIANA

| | | | | | |
|--|--|--|--|-----------------|-----------------|
| L163 | | NAME OF INDIVIDUAL <i>Lawford, Clay</i> | | E.O. <i>709</i> | SHEET <i>19</i> |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE | | | |
| COUNTY
<i>Ouachita</i> | | CITY | | | |
| ENUMERATED WITH | | <i>Thompson, James L</i> | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P81

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---|--------------------------------|--|--|
| 2765 | | NAME OF INDIVIDUAL
Leveron Clementine | | E.D.
37 | SHEET
15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
20 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Lafourche | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Babin Eugene | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td>D</td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | D | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | D | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 19100-P01

LOUISIANA

| | | | | | |
|--|---|--|---|--|-------|
| 2163 | | NAME OF INDIVIDUAL | | E.D. | SHEET |
| | | Lovehart, Clyde | | 116 | 13 |
| COLOR | W | AGE | 7 | BIRTHPLACE | |
| | | Tex | | | |
| COUNTY | | Tangipahoa | | CITY | |
| | | | | Indigo Grove | |
| ENUMERATED WITH | | Stevens, Warren W | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | | <input type="checkbox"/> NEPHEW | | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | | <input type="checkbox"/> NIECE | | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | | <input type="checkbox"/> FATHER-IN-LAW | | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | | <input type="checkbox"/> MOTHER-IN-LAW | | <input type="checkbox"/> ROOMER | |
| <input checked="" type="checkbox"/> GRANDSON | | <input type="checkbox"/> SON-IN-LAW | | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | | <input type="checkbox"/> DAUGHTER-IN-LAW | | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0094-DC 1910-P01

LOUISIANA

| | | | | | |
|--|------------------|--|------|--|--------------------|
| 2167 | | NAME OF INDIVIDUAL
<i>Laborde, Connie</i> | | E.D.
<i>14</i> | SHEET
<i>18</i> |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | | | |
| COUNTY
<i>Avoyelles Avoyelles</i> | | | CITY | | |
| ENUMERATED WITH
<i>Laborde, Prosper</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | |
| Levard Daniel F | | 109 | 8 | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 58 | | | |
| COUNTY | Quachita | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | W | 24 | | |
| Charlie | S | 8 | | |
| Andie | D | 5 | | |
| Jeanie | D | 3 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|--------------|-----------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| 2163 | | 14 | 30 |
| COLOR | AGE | BIRTHPLACE | |
| (W) | 28 | | |
| COUNTY | Avoyelles | CITY Marksville | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / Cecile | W | 23 | |
| Sanford | S | 1 | |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|----------------|-----------------|-----------|------------|----------|
| L163 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | <i>Lepridge</i> | | <i>64</i> | <i>*</i> |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>W</i> | <i>35</i> | | | | |
| COUNTY | <i>De Soto</i> | | CITY | | |
| | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Lillie</i> | | <i>W</i> | <i>14</i> | | |
| <i>Wina</i> | | <i>D</i> | <i>13</i> | | |
| <i>Nathan</i> | | <i>D</i> | <i>11</i> | | |
| <i>Addeline</i> | | <i>D</i> | <i>9</i> | | |
| <i>Timothy</i> | | <i>S</i> | <i>8</i> | | |
| <i>Littie</i> | | <i>D</i> | <i>6</i> | | |
| <i>Estelle</i> | | <i>D</i> | <i>5</i> | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|----------|------------|
| <i>Rachel</i> | <i>W</i> | <i>6</i> | <i>LC</i> |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------------------|--------------------|--|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 5163 | | NAME OF INDIVIDUAL
<i>Laparte Domingue</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>64</i> | BIRTHPLACE
<i>France</i> | E.D.
<i>132</i> | SHEET
<i>61</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>St. Martin</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Laparte Laurent</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> WISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|---|--------------------|----|------------|--------|
| 8165 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 23 | BIRTHPLACE | W. VA. |
| COUNTY | | CITY | | E.D. | 131 |
| SHEET | | 4 | | | |
| ENUMERATED WITH | | | | | |
| Smith Sam | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| P-163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 27 | Labard, Eddie | | 20 | 5 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| ENUMERATED WITH | | | | | |
| Maloy, Leda | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 35 | | 16 | 24 |
| BIRTHPLACE | | Laborde Colgan | | | |
| COUNTY | | Avoyelles | | CITY | |
| | | | | Mansura | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edwina | | W | 27 | | |
| Mathilde | | D | 9 | | |
| Philippe | | S | 5 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L 163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 35 | | | 111 |
| COUNTY | | CITY | | |
| Tangipahoa | | Assite | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Annie K | | W | 33 | |
| Edwin C. | | S | 11 | |
| Ernest J | | S | 8 | |
| Xavier A | | S | 6 | |
| Cecilia A | | D | 3 | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|--|
| 2765 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 18 | BIRTHPLACE | |
| COUNTY | | Lafourche | | CITY | |
| ENUMERATED WITH | | | | | |
| Babin Eugenie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D. | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1919a-P61

| | | | | | |
|--|---|---|------|--|----|
| 2163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 35 | E.D. | 27 |
| | | BIRTHPLACE | | SHEET | |
| | | | | 27 | |
| COUNTY | | | CITY | | |
| Jefferson | | | | | |
| ENUMERATED WITH | | | | | |
| Leinhardt, Theodore | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
HM | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01

10-5

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 39 | | 21 18 |
| COUNTY | | CITY | |
| Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lelia | A | 31 | |
| Easton | S | 11 | |
| Charles | D | 9 | |
| Florence | S | 8 | |
| Charles | S | 6 | |
| Annie | D | 4 | |
| Argelia | D | 3 | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 15100-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| La Branche, Edward | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 20 | | | | |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Francis | | W | 16 | | |
| Joseph | | F | 50 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|--|--|
| L-163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | ED. SHEET | |
| W | | 16 | | 131 19 | |
| BIRTHPLACE | | CITY | | | |
| Washington | | Bogalusa | | | |
| COUNTY | | | | | |
| ENUMERATED WITH | | | | | |
| Lenart Louis E. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECORDED 11185-251

| | | | | | |
|-------------------------|-----|----------------|-----|------------|---|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| Lepridge, Albert | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 64 | 2 |
| B | 24 | | | | |
| COUNTY | | De Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Emma Lee | | W | 21 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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|---|--|---|----|------------|---------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 11 | BIRTHPLACE | Le Boet, Elie | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Acadia | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Habit, Ernest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORphan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10105-P01

| | | | | | |
|-------------------------|----------------|--------------|---------------|------------|-----------|
| L163 | HEAD OF FAMILY | | LABORDE Eliza | | LOUISIANA |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 59 | | | 16 | 17 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Sydnora | | D | 28 | | |
| Lambert Paul | | S | 18 | | |
| Laborde Joseph | | CS | 16 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L163 | | NAME OF INDIVIDUAL
<i>Labarde, Ella</i> | | LOUISIANA | |
| COLOR
<i>(W)</i> | AGE
<i>18</i> | BIRTHPLACE | | E.D.
<i>14</i> | SHEET
<i>14</i> |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| ENUMERATED WITH
<i>Brownblatte, Frank</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Step-Son</i> | |

FORM 16-437 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1616D-P81

L163

L 163

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 453 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 63 | Lafayette | | 40 | 6 |
| COUNTY | | | CITY | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Y Marguerite | | W | 61 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|--|---|------|------------|------------|
| 2169 | | NAME OF INDIVIDUAL
<i>Lafford Elvira</i> | | E.O.
72 | SHEET
8 |
| COLOR
<i>W</i> | AGE
<i>11</i> | BIRTH PLACE | | | |
| COUNTY
<i>De Soto</i> | | | CITY | | |
| ENUMERATED WITH
<i>Rambin Joseph N</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>sd</i> | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | | E.O. SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 58 | | | 14 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avoyelles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Montenelle, Emil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 5163 | | HEAD OF FAMILY | | LOUISIANA | |
| Lefort | | Emile P | | E.O. SHEET | |
| COLOR | W | AGE | 41 | BIRTHPLACE | |
| COUNTY | | Lafourche | | CITY | |
| | | | | Thibodaux | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adeline J | | W | 40 | | |
| Isabel M | | D | 18 | | |
| Marie L | | D | 17 | | |
| Alice M | | D | 15 | | |
| Fernand J | | D | 14 | | |
| Hercules J | | D | 10 | | |
| Adette M | | D | 8 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 15194-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L 163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 24 | E.D. | 20 |
| | | BIRTHPLACE | | SHEET | 5 |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lellie | | W | 21 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------------|----------------|-----|------------|--|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR B | | AGE 33 | | BIRTHPLACE | |
| COUNTY | | Franklin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lella | W | 24 | | |
| | Zelma | D | 8 | | |
| | Mellie | D | 7 | | |
| | Wilbur | S | 5 | | |
| | Enna | D | 3 | | |
| | Douglas | S | 1 | | |
| | Brandley Holte | M L | 45 | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Wm Le Grant, Ernest</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>1</i> | E.D.
<i>33</i> | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Calcasieu</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Fargue, D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16100-P61

| | | | | | |
|---|---|---|------|--|----|
| L-163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 | E.O. | 20 |
| | | BIRTHPLACE | | SHEET | 5 |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| ENUMERATED WITH | | | | | |
| Bordelon, Theophile | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|---|---|---|-----|--|-----|
| 2163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 14 | E.D. | 116 |
| | | BIRTHPLACE | Sex | SHEET | 13 |
| COUNTY | | Tangipahoa | | CITY | |
| | | | | Independence | |
| ENUMERATED WITH | | Stevens, Warren W | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|----------------------------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 1463 | | NAME OF INDIVIDUAL
<i>Lambert, Etha</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE
<i>31</i> | BIRTHPLACE | | E.D.
<i>25</i> | SHEET
<i>6</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>147</i> | CITY
<i>East Baton Rouge</i> | | CITY
<i>Baton Rouge</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Blair Estess</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>id</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>id</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>id</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|------|-------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------|--------------------------------|--|--|
| L162 | | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 13 | 4 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ascension | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | Donaldsonville | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jackson, Julia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> HUSBAND</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Brother</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> HUSBAND | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Brother | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> HUSBAND | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Brother | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-OC 18108-P81

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | E.O. | | SHEET |
| W | 30 | 18 | | 26 |
| COUNTY | | CITY | | |
| Lafourche | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Louise | | W | 30 | |
| Ada | | D | 6 | |
| Louis | | S | 4 | |
| Ellie | | D | 3 | |
| Ellis | | S | 1/2 | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 2162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | E.O. | 14 |
| | | BIRTHPLACE | | SHEET | 14 |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 49 | | |
| Paul | | S | 27 | | |
| Eddie | | S | 16 | | |
| Winona | | S | 14 | | |
| Cleopatra | | S | 10 | | |
| Emberis | | S | 8 | | |

FORM 10-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|------------|------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 1465 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 23 | BIRTHPLACE | E.D. 33 SHEET 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| Le Brant | | Evelina | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Calcasieu | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fargue, D. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 16-477 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | | | |
|-------------------------|-----|----------------|--------------------------------|------------|--|
| L 163 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Dard, Eric R | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 37 | | | | |
| COUNTY | | Tangipahoa | | CITY | |
| | | | | Assite | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eugene H | | S | 3 | | |
| Edgar A | | S | 1 ⁹ / ₁₂ | | |
| Richard E | | A | 3 ³ / ₁₂ | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|--------------|------------|------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 25 | | | 17 |
| | | | | SHEET | |
| | | | | 14 | |
| COUNTY | | | CITY | | |
| Avoyelles | | | Grand Coteau | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lowena | | W | 21 | | |
| Dallia | | S | 1 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|----------------|-----|------------|----|
| 8185 | | HEAD OF FAMILY | | LABRONE, Felix | | LOUISIANA | |
| COLOR | W | AGE | 47 | BIRTHPLACE | | E.D. | 50 |
| | | | | | | SHEET 11 | |
| COUNTY | | | | Plaquemines | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marion | | | | W | 47 | | |
| Vitty | | | | S | 23 | | |
| Paul | | | | S | 20 | | |
| Clay | | | | S | 18 | | |
| Nettie | | | | D | 15 | | |
| Agnes | | | | D | 12 | | |
| Oliver | | | | S | 10 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|--|
| C163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 27 | | 82 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 12 | |
| COUNTY | | | CITY | | |
| Rapides | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cele | | W | 27 | | |
| Rubah | | D | 7 | | |
| Anna | | D | 5 | | |
| Anna | | D | 4 | | |
| Annie | | D | 1 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|----------------|-----------|--|
| L163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 12 | Leflore, Florence | 4 | 6 | |
| COUNTY | | | CITY | | |
| Ascension | | | Donaldsonville | | |
| ENUMERATED WITH | | | | | |
| Jackson, Julia | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Sister | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61

| | | | | | |
|--|---|--------------------|-----------|-----------|----|
| 463 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 28 | E.D. | 47 |
| | | BIRTHPLACE | Lafourche | SHEET 20 | |
| COUNTY | | Lafourche | | CITY | |
| ENUMERATED WITH | | | | | |
| Levert, Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div> <input type="checkbox"/> FATHER <input type="checkbox"/> NEPHEW <input type="checkbox"/> WIFE </div> <div> <input type="checkbox"/> MOTHER <input type="checkbox"/> NIECE <input type="checkbox"/> NURSE </div> <div> <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> PATIENT </div> <div> <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> ROOMER </div> <div> <input type="checkbox"/> GRANDSON <input type="checkbox"/> SON-IN-LAW <input type="checkbox"/> SERVANT </div> <div> <input type="checkbox"/> GRANDDAUGHTER <input type="checkbox"/> DAUGHTER-IN-LAW <input checked="" type="checkbox"/> OTHER (Specify) </div> <div> <input type="checkbox"/> AUNT <input type="checkbox"/> BROTHER-IN-LAW <div>5</div> </div> <div> <input type="checkbox"/> UNCLE <input type="checkbox"/> SISTER-IN-LAW </div> | | | | | |

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|-----------------|--|------------|----|
| 2163 | | HEAD OF FAMILY | | LABORD, FLORIAN | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | | E.D. | 79 |
| | | | | | | SHEET | |
| COUNTY | | Aveyette | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Addie | | W | | 29 | | | |
| Willie | | S | | 10 | | | |
| Florina | | D | | 7 | | | |
| Marion | | D | | 5 | | | |
| Louisiana | | D | | 3 | | | |
| Alfred | | S | | 7/12 | | | |

FORM 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----------|------------|------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | |
| | | | | E.D. | 14 |
| | | | | SHEET | 24 |
| COUNTY | | | Avoyelles | CITY | Marksville |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lorette | | W | 31 | | |
| Florence | | D | 16 | | |
| Valley | | S | 13 | | |
| Emerie | | S | 12 | | |
| Dallas | | S | 9 | | |
| Irene | | D | 5 | | |
| Maybel | | D | 4 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY - CONTIN

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15190-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------------------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 9163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | R.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| MY | | 58 | | 90 | 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | Franklin | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | St. Mary
Kramer, George | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16560-P01

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 63 | La. Franco, Frank | | 50 | 15 |
| COUNTY | | Iberville | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angeline | | W | 48 | La. | |
| Joseph | | S | 25 | La. | |
| Mary | | D-L | 20 | La. | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|-----|----------------|------|----------------|-------|-----------|--|
| L. A. | | HEAD OF FAMILY | | Lefance, Frank | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | |
| mu | 27 | | | 56 | 21 | | |
| COUNTY | | | | CITY | | | |
| Plaquemines | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Pauline | | W | 24 | | | | |
| Antonia | | d | 4 | | | | |
| Louise | | ss | 3 | | | | |
| Andrew | | si | 2 | | | | |
| Joseph | | si | 3/12 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L166 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | E.D. | 98 |
| | | BIRTHPLACE | | SHEET | 10 |
| COUNTY | | Rapides | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 28 | | |
| Ella P. | | D | 12 | | |
| Clarice | | S | 10 | | |
| Joseph A. | | S | 7 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|----|
| 4163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 7m | AGE | 43 | E.D. | 93 |
| | | BIRTHPLACE | | SHEET | 17 |
| COUNTY | | St. Mary | | CITY | |
| | | | | Battison | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary B | | W | 58 | | |
| Agnes | | D | 17 | | |
| Charles | | S | 6 | | |
| Taylor Stephens | | W | 1 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 45 | Mick | | 129 | 5 |
| COUNTY | | Winn | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Annie R. | W | 40 | Tex | |
| | Luther | S | 14 | Ark | |
| Morris | Brown C. | SS | 16 | Tex | |
| 1 | Ola L. | SD | 15 | Tex | |
| | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-----------------------|---|---|----|-----------|----|
| 8163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 50 | E.D. | 60 |
| | | BIRTHPLACE | | SHEET | 13 |
| COUNTY | | St. Bernard | | CITY | |
| ENUMERATED WITH | | Bourg Jean | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input checked="" type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

Form 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P41

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| 22m | 7c | Frank | | 80 | 80 |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Frank | | H | 33 | | |
| 2. Margaret | | W | 24 | | |
| 3. Catherine | | Da | 30 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| D145 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 40 | | 49 | 7 |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ida | | W | 27 | | |
| Bilbo Louise | | D | 77 | | |
| 21 laborer | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 29 | | 74 | 6 |
| COUNTY | | | CITY | | |
| De Soto | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mama | | W | 24 | | |
| Peta | | S | 6 | | |
| Edna | | D | 5 | | |
| Jewel | | D | 3 | | |
| Sawallow | | D | 2 1/2 | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L/63 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 35 | La | 14 | 38 |
| COUNTY | | | CITY | | |
| Tangipahoa | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ruby J. | | W | 18 | Miss | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 55 | | | 14 | 11 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Laura | | W | 52 | | |
| Ismael | | 1 | 8 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|---|--|--|-------|
| 2163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLO | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 60 | | | 18 | 5 |
| COUNTY | | CITY | | | |
| | | Avoyelles | | Hessmer | |
| ENUMERATED WITH | | Lahorde Ludovic L | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> Niece
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> ROOMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16196-P61

| | | | | | |
|-------------------------|---|-----------------|-----|------------|----|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 46 | E.D. | 52 |
| | | BIRTHPLACE | | SHEET 25 | |
| COUNTY | | Plaquemine CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 23 | Miss | 62 | 6 |
| COUNTY | | | CITY | | |
| La Salle | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Doris J. | | W | 21 | Texas | |
| Ernest J. | | S | 1 1/2 | | |
| Willie J. | | S | 5 1/2 | | |
| Lar Vessie | | M | 54 | Miss | |
| Wetherford S. | | B | 22 | Miss | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L165 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leveson | | Horydon | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 102 | 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Terrebonne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leveson Albert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-22-21)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&GPS-DC 1910-PS1

| | | | | | | | |
|-------------------------|----|----------------|-----|----------------|--|-----------|-------|
| 2163 | | HEAD OF FAMILY | | LABARDE George | | LOUISIANA | |
| COLOR | 10 | AGE | 30 | BIRTHPLACE | | E.D. | SHEET |
| | | | | | | 17 | 13 |
| COUNTY | | | | CITY | | | |
| Avoyelles | | | | Grand Cote | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Louisa | | W | 25 | | | | |
| Olga M. | | D | 10 | | | | |
| Arnold | | D | 8 | | | | |
| Mary | | D | 4 | | | | |
| Leona | | S | 2 | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--|------|--|-------|
| 465 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Labrane George | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 32 | | | | |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| ENUMERATED WITH | | | | | |
| Bohnorke, Aleck | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENSUS-DC 16100-P61

| | | | | | |
|---|------------------|--|--|-------------------|-------------------|
| L165 | | NAME OF INDIVIDUAL
<i>Lavern George</i> | | E.O.
<i>27</i> | SHEET
<i>9</i> |
| COLOR
<i>W</i> | AGE
<i>45</i> | BIRTHPLACE
<i>unknown</i> | | | |
| COUNTY
<i>Clai borne</i> | | CITY
<i>Homer</i> | | | |
| ENUMERATED WITH
<i>Allen Larkin</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><input checked="" type="checkbox"/> FATHER</p> <p><input type="checkbox"/> MOTHER</p> <p><input type="checkbox"/> GRANDFATHER</p> <p><input type="checkbox"/> GRANDMOTHER</p> <p><input type="checkbox"/> GRANDSON</p> <p><input type="checkbox"/> GRANDDAUGHTER</p> <p><input type="checkbox"/> AUNT</p> <p><input type="checkbox"/> UNCLE</p> </div> <div style="width: 30%;"> <p><input type="checkbox"/> NEPHEW</p> <p><input type="checkbox"/> NIECE</p> <p><input type="checkbox"/> FATHER-IN-LAW</p> <p><input type="checkbox"/> MOTHER-IN-LAW</p> <p><input type="checkbox"/> SON-IN-LAW</p> <p><input type="checkbox"/> DAUGHTER-IN-LAW</p> <p><input type="checkbox"/> BROTHER-IN-LAW</p> <p><input type="checkbox"/> SISTER-IN-LAW</p> </div> <div style="width: 30%;"> <p><input type="checkbox"/> IMMATE</p> <p><input type="checkbox"/> NURSE</p> <p><input type="checkbox"/> PATIENT</p> <p><input checked="" type="checkbox"/> ROOMER</p> <p><input type="checkbox"/> SERVANT</p> <p><input type="checkbox"/> OTHER (Specify)</p> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | | | |
|-------------------------|---|----------------|-----|-------------------|--|-----------|----|
| 2163 | | HEAD OF FAMILY | | LABORDE, George P | | LOUISIANA | |
| COLOR | N | AGE | 28 | BIRTHPLACE | | E.D. | 19 |
| | | | | | | SHEET | 13 |
| COUNTY | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Jempuy | | H | 36 | | | | |
| Edna | | D | 10 | | | | |
| Coralie | | D | 6 | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 1165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 55 | | 2 | 19 |
| BIRTHPLACE | | | | | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | w | 55 | | |
| Emilie | | s | 22 | | |
| Artemus | | d | 18 | | |
| Hip. | | s | 18 | | |
| Dulva | | s | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 465 | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| L. Broom | | 84 | 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Natchitoches | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trishel Elizabeth | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-CC 15100-P61

| LOUISIANA | | | |
|---|---|---|-------------|
| L165 | NAME OF INDIVIDUAL
<i>Labrent, Gilbert</i> | E.D.
3 | SHEET
57 |
| COLOR
<i>Mu</i> | AGE
19 | BIRTHPLACE | |
| COUNTY
<i>Acadia</i> | | CITY | |
| ENUMERATED WITH
<i>McManus, Samuel</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 16-437 (6-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|-------------------------|--------------------------------------|
| <i>D-163</i> | HEAD OF FAMILY <i>Labard Gilbert</i> |
| E.D. <i>76</i> | SHEET <i>24</i> |
| COLOR <i>w</i> | AGE <i>29</i> BIRTHPLACE |
| COUNTY <i>Avoyelles</i> | CITY <i>Manacura</i> |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP AGE BIRTHPLACE |
| <i>1 Effie</i> | <i>w 28</i> |
| <i>Ally</i> | <i>D 8 1/2</i> |
| | |
| | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| 2163 | NAME OF INDIVIDUAL
<i>Lefant Gilson</i> | | E.D.
<i>41</i> | SHEET
<i>24</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>5</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafourche</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lefant Louis</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Gcl</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Gcl</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Gcl</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 18100-P61

LOUISIANA

| | | | | |
|-------------------------|---------------------------------|-------------------|-------------|-------------|
| L-8163 | HEAD OF FAMILY
Labordes, Gus | | E.D.
130 | SHEET
17 |
| COLOR
W | AGE
37 | BIRTHPLACE | | |
| COUNTY
Washington | | CITY
Richmond | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE |
| Caroline | | W | 32 | |
| Gus J. Jr. | | S | 3 | Ala |
| Zeleogun, Albert J. | | BL | 44 | |
| 3 Bacher | | | | |
| 1 Bo | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|--|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| LABARDE, Hank | | E.D. | | SHEET | |
| 14 | | 14 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 31 | | | | |
| COUNTY | Avoyelles | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Florence | | W | 38 | | |
| Mark | | S | 8 | | |
| Clive | | S | 5 | | |
| Frankie | | S | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L163 | NAME OF INDIVIDUAL
<i>Laborde, Helena</i> | | E.D.
17 | SHEET
3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>(W)</i> | AGE
70 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Avoyelles</i> | CITY
<i>Hessmer</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Firmin, Laura</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P01

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L166 | HEAD OF FAMILY | E.D. | SHEET |
| | Lefevre, Henry | 92 | 2 |
| COLOR | AGE | BIRTHPLACE | |
| Wm | 55 | | |
| COUNTY | CITY | | |
| St. Tammany | Madisonville | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Angeline | W | 45 | |
| Frederick G. | S | 23 | |
| Kusta B | D | 20 | |
| Lillian | D | 18 | |
| Louis | S | 16 | |
| Emma | D | 14 | |
| | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2963 | NAME OF INDIVIDUAL
<i>Lacharrie, Henry</i> | | E.D.
10 | SHEET
18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
7 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Assumption</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Misere, Felouse</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

L163

LOUISIANA

| | | | | | |
|-------------------------|-----|-----------------|------|------------|-------|
| 1136 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Lebanon, Harris | | 137 | 12 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 68 | | | | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mae | | D | 37 | | |
| Allerton | | D | 18 | | |
| Marionette | | D | 15 | | |
| Lousie | | S | 13 | | |
| Charles | | S | 11 | | |
| Jesse | | D | 8 | | |
| 1 kind man | | | | | |

LOUISIANA

| | | | | |
|-------------------------|----------------------------------|--------------|----------|------------|
| L163 | HEAD OF FAMILY Laborde Mrs Henry | | E.D. 109 | SHEET 16 |
| COLOR W | AGE 38 | BIRTHPLACE | | |
| COUNTY St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Felicia | | D | 19 | |
| Leonard | | S | 15 | |
| Wallace | | S | 11 | |
| Camelia | | D | 10 | |
| Madeleine | | D | 8 | |
| Wilkinson | | S | 3 | |
| Henry | | S | 2 | |

FORM 10-636 (4-30-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------|----------------|------------|
| 2145 | | HEAD OF FAMILY | |
| S. S. Barnes, Henry J. | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 31 | | |
| COUNTY | Winn | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lula | W | 19 | Ark. |
| Willie L. | S | 1 1/2 | |
| | | | |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| K163 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 40 | | 48 | 35 |
| COUNTY | | | Lafourche | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Alice | W | 35 | | | |
| Emilia | S | 12 | | | |
| Hepalitti Jr. | S | 10 | | | |
| Alice | S | 8 | | | |
| Louise | S | 6 | | | |
| Jeanne | D | 4 | | | |
| Isabelle | D | 2 | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-------|------------|
| 1 Rose | D | 9 1/2 | |
| | | | |
| | | | |
| | | | |
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| | | | |
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FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| C163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mw | 11 | | | 91 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Senneth Joe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19106-P61

| | | | | | |
|-------------------------|--|----------------|--------------|------------|-------|
| 1163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 45 | | 17 | 11 |
| COUNTY | | | CITY | | |
| Avoyelles | | | Grand Coteau | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucile | | W | 37 | | |
| Florence | | S | 12 | | |
| Angelle | | D | 11 | | |
| Valley | | S | 8 | | |
| Cabin | | S | 7 | | |
| Martha | | D | 5 | | |
| Valerie | | S | 4 | | |

FORM 78-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY - CONTIN

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6360 (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15100-P61

| | | | | | |
|--|------------------|---|------|---|-------------------|
| L163 | | NAME OF INDIVIDUAL
<i>Laborde Harrace</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>59</i> | BIRTHPLACE | | E.O.
<i>22</i> | SHEET
<i>6</i> |
| COUNTY
<i>Anguilla</i> | | | CITY | | |
| ENUMERATED WITH
<i>Laborde Albert</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>L</i> | |

FORM 16-637 (6-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

| | | | | | |
|--|---|---|----------------|---|---|
| L163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 16 | E.D. | 4 |
| BIRTHPLACE | | SHEET 6 | | | |
| COUNTY | | | CITY | | |
| Ascension | | | Donaldsonville | | |
| ENUMERATED WITH | | | | | |
| Jascham, Dulip | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Sister | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

LOUISIANA

| | | | | |
|-------------------------|-------------------------------------|--------------|------------|-------------|
| L162 | HEAD OF FAMILY
Labarde, Hypolite | | E.O.
14 | SHEET
19 |
| COLOR
W | AGE
49 | BIRTHPLACE | | |
| COUNTY
Avoyelles | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Lassie | | W | 48 | |
| Evel | | D | 21 | |
| Cliff | | S | 20 | |
| Orlando | | S | 18 | |
| Borman | | S | 16 | |
| Emerie | | S | 14 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|--------------------|-------------------|
| L/65 | HEAD OF FAMILY | Lagrange Hippolyte | E.D. 106 SHEET 10 |
| COLOR
W | AGE
5-3 | BIRTHPLACE | |
| COUNTY | | St. Landry | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE BIRTHPLACE |
| 1 | Emelita | W | 48 |
| | Louis | S | 19 |
| | Michael | S | 17 |
| | Dominique | S | 15 |
| | Agathe | D | 12 |
| | Marguerite | S | 10 |
| | Madeleine | D | 8 |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----------------------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------------|--------------------------------|--|--|
| L/63 | NAME OF INDIVIDUAL
<i>Leaborder, Crest</i> | | E.D.
17 | SHEET
9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
36 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | Avoynelles | | CITY
<i>Grand Cotes</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Hassin, Anatole</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Daughter</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Daughter</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Daughter</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&A-DC 18198-P61

2165

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| 653 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lebermitth, Jacob | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 60 | Tex. | | | |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | W | 39 | | |
| Clark T | | S | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L163 | NAME OF INDIVIDUAL
<i>Lewert James</i> | | E.D.
25 | SHEET
22 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
9 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Avoyelles</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Henry, Baptiste</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|--------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 116.3 | | NAME OF INDIVIDUAL
<i>Louderidge, James J.</i> | | LOUISIANA | E.D.
<i>149</i> | SHEET
<i>21</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>22</i> | BIRTHPLACE
<i>Miss</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vernon</i> | | CITY
<i>Fulleston</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Echols, Clyde A.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMAFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAFE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1910-P61

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| 2165 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lebrun Jean B | | 23 | 17 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 26 | | | |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Alabazee | | W | 25 | |
| Melba | | D | 4 | |
| Hattery | | S | 2 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L165 | NAME OF INDIVIDUAL <i>La Branche, Jeanne</i> |
| COLOR <i>W</i> | E.D. <i>81</i> |
| AGE <i>19</i> | SHEET <i>29</i> |
| COUNTY <i>St. John the Baptist</i> | CITY |
| ENUMERATED WITH <i>Walter, Victor</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>Ad. Ch.</i> | |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18198-P61

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| Y163 | HEAD OF FAMILY | | E.D. SHEET |
| | Laport, Jeomey | | 1 10 |
| COLOR | AGE | BIRTHPLACE | |
| W | 26 | Italy | |
| COUNTY | | CITY | |
| Ascension | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Anna | W | 27 | Italy |
| Frank | S | 2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | LOUISIANA | |
|-------------------------|---------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| *165 | Lebrun Jerome | 79 | 31 |
| COLOR | AGE | BIRTHPLACE | |
| B | 55 | | |
| COUNTY | Pointe Coupee | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Jessie | W | 47 | |
| John C | D | 21 | |
| Joseph W | S | 19 | |
| Marine | D | 14 | |
| Wesley | S | 12 | |
| Matilda | D | 10 | |
| | | | |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L165 | NAME OF INDIVIDUAL
<i>Lefron, Jimmie</i> | | E.O.
27 | SHEET
3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
13 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Caddo | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Crawford, J. R.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 19-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15199-P61

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|--------------------|
| 2166 | | NAME OF INDIVIDUAL
<i>Laborer Joe</i> | | E.D.
<i>44</i> | SHEET
<i>42</i> |
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE
<i>Italy</i> | | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | | |
| ENUMERATED WITH
<i>Presha Jim</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P81

| LOUISIANA | | | |
|-----------------------------|---------------------------------------|-----------|------------|
| L163 | HEAD OF FAMILY
<i>Levardin Joe</i> | | |
| E.D.
10 | SHEET
26 | | |
| COLOR
B | AGE
57 | | |
| BIRTHPLACE | | | |
| COUNTY
<i>Assumption</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Sally</i> | <i>w</i> | <i>43</i> | |
| <i>Mary</i> | <i>D</i> | <i>22</i> | |
| <i>Lillian</i> | <i>D</i> | <i>16</i> | |
| <i>Paul</i> | <i>S</i> | <i>19</i> | |
| <i>Wilhi</i> | <i>S</i> | <i>12</i> | |
| <i>Rose</i> | <i>GD</i> | <i>5</i> | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L163 | HEAD OF FAMILY | E.D. | SHEET |
| | Lawford, Joe | 32 | 9 |
| COLOR | AGE | BIRTHPLACE | |
| Man | 21 | | |
| COUNTY | Concordia | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Charles Lewis Camp | | | |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| L163 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Limestone, Joe | | 54 | 12 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 38 | | | | |
| COUNTY | Iberville | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lis | | W | 30 | Italy | |
| Carra | | D | 15 | | |
| Theresa | | D | 9 | | |
| Sam | | S | 7 | | |
| Loney | | S | 5 | | |
| Pollie | | D | 3 | | |
| Joe Jr. | | S | 1 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|----|----------------|------|------------|-------|
| P. 163 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Levertz, Joe | | 18 | 3 |
| COLOR | 41 | AGE | 48 | 21 | |
| | | BIRTHPLACE | | | |
| | | Germany | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Maria | | W | 56 | Germany | |
| Anna | | D | 18 | | |
| Willie | | S | 17 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|----------------|-----|--------------|------------|------------|-------|----|
| L165 | HEAD OF FAMILY | | La Parne Joe | E.D. | 88 | SHEET | 23 |
| COLOR | u | AGE | 25 | BIRTHPLACE | | | |
| COUNTY | | | St. Mary | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Francis | | | u | 20 | St. | | |
| Rose | | | D | 1/4 | | | |
| | | | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 165 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Lavinia, Jr | | 114 | 36 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | It. | | | |
| COUNTY | | Tangipahoa | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosa | | W | 40 | It. | |
| Filipe | | D | 17 | | |
| Paul | | S | 14 | | |
| Mominica | | S | 12 | | |
| Sarah | | D | 8 | | |
| Rosa | | D | 7 | | |
| Louis | | S | 3 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY (CONTINUED)

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------|-------------------|----------------|------------|
| 1 Lucy | D | $\frac{4}{12}$ | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|-----|-----------------|--|------|-------|
| 8163 | | HEAD OF FAMILY | | Laffratt, J. A. | | E.D. | SHEET |
| 72 | | 7 | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| W | 33 | | | | | | |
| COUNTY | | | | CITY | | | |
| De Soto | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| J. A. | | B | 49 | | | | |
| Lern | | B | 47 | | | | |
| Napoleon | | B | 34 | | | | |
| Sam | | B | 32 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L163 | NAME OF INDIVIDUAL
<i>Laffrette Joe D</i> | | E.O.
72 | SHEET
7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>44</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>De Soto</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Laffrette Joe A.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-627 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P91

PRODUCT OF

Edwards & Kellogg

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
BRANCHES EVERYWHERE

Soundex

QUICK AS
A FLASH

GET LETTER GROUP

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 800 | 200 | 300 | 400 | 500 | 600 |

2164

| | | | | | |
|--|--|---|--|---|----------------|
| 7460
COLOR <i>B</i> | | NAME OF INDIVIDUAL <i>Lanier, John</i> | | LOUISIANA | |
| AGE <i>15</i> | | BIRTHPLACE | | E.D. <i>23</i> | SHEET <i>6</i> |
| COUNTY <i>St. Landry</i> | | CITY <i>Opelousas</i> | | | |
| ENUMERATED WITH <i>Peter Mary</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Son</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L163 | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lafferty John | | 4 | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 38 | Va | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Goldwell | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafferty Charlie | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVI

USCOMM-DC 18199-P81

| LOUISIANA | |
|--|---|
| 163 | NAME OF INDIVIDUAL
<i>Lameritz, John</i> |
| E.D.
52 | SHEET
23 |
| COLOR
<i>W</i> | AGE
<i>28</i> |
| BIRTHPLACE
<i>Austria</i> | |
| COUNTY
<i>Plaquemines</i> | CITY |
| ENUMERATED WITH
<i>Butler, Cassel</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P41

| LOUISIANA | | | |
|-------------------------|--------------------------------|---------------------|------------|
| L163 | HEAD OF FAMILY
Lebertz John | | E.D. 71 |
| COLOR
W | AGE
34 | BIRTHPLACE
Italy | |
| COUNTY
St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
| Martin | H | 30 | Italy |
| John Jr. | S | 9 | |
| Santa | D | 6 | |
| Getta | D | 5 | |
| Philippa | D | 4 | |
| Nunzia | D | 1 1/2 | |
| Erminella Philip | B | 3 | Italy |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-------|------------|
| 1 James | Sir | 31 | Italy |
| Charley | 12 | 1 1/2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMBA-DC 16196-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R145 | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| La Branche, Joseph | | 81 | 17 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | St. John the Baptist CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| La Branche, Edward | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-NC 18100-P61

LOUISIANA

LOUISIANA

| | | | | |
|-------------------------|------------------------|--------------|------|---------------|
| L165 | HEAD OF FAMILY | | E.D. | SHEET |
| | <i>Le Beau, Joseph</i> | | 81 | 15 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 49 | | | |
| COUNTY | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Maria</i> | | W | 44 | <i>France</i> |
| <i>Emma</i> | | D | 18 | |
| <i>Frances</i> | | D | 15 | |
| <i>Maria</i> | | D | 13 | |
| <i>Henry M</i> | | D | 11 | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|-----|------------|--|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| Leverne Joseph | | E.D. | | SHEET | |
| 10 | | 25 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| MW | 23 | | | | |
| COUNTY | Acadia | CITY | | | |
| | | Crawley | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| - Eliza | | w | 21 | | |
| - Harrison | | s | 3/2 | | |
| Nelson Pauline | | s | 28 | | |
| Lingard Nathilda | | s | 18 | | |
| Harrison William | | L | 38 | Miss | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | E.D. | | SHEET | |
|-------------------------|---|----------------|------|-----------------|--|
| 2/65 | | HEAD OF FAMILY | | Lagrange Joseph | |
| COLOR | W | AGE | 65 | BIRTHPLACE | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Josephine | | W | 87 | | |
| Robin Arlene | | D | 24 | | |
| Lagrange, Leo's | | S | 16 | | |
| Robin Juste | | GS | 4/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| L165 | NAME OF INDIVIDUAL
<i>Laperouse Joseph</i> | | E.D.
132 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
16 | BIRTHPLACE | SHEET
21 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>S. Martin</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Cole James</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S.S.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S.S.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S.S.</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18128-P61

| | | | | | |
|-------------------------|--|----------------|--|-----------|--|
| L 163 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Bert, Joseph | | E.D. | | SHEET | |
| 94 | | AGE 24 | | 38 21 | |
| BIRTHPLACE | | Italy | | | |
| COUNTY | | Lafourche | | CITY | |
| | | | | Thibodaux | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | | AGE | |
| BIRTHPLACE | | | | | |
| living alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| L 163 | NAME OF INDIVIDUAL
<i>Lefort Joseph</i> | | E.O.
48 | SHEET
26 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
3 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Lafourche | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lefort Julian</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Orphan</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18159-P81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 4163 | | HEAD OF FAMILY | | LOUISIANA | |
| Tenevst Joseph | | E.D. | | SHEET | |
| 47 | | 20 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 27 | | | | |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Vallion | | F | 78 | | |
| Victorine | | M | 62 | | |
| Cecile | | S | 30 | | |
| Florence | | S | 28 | | |
| Agathe | | S | 23 | | |
| Beatrice | | S | 16 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|-----------------|------------|------------|
| HEAD OF FAMILY | | E.O. | SHEET |
| L163 | Labarde, Joseph | 14 | 31 |
| COLOR | AGE | BIRTHPLACE | |
| W | 33 | | |
| COUNTY | CITY | | |
| Avoyelles | Marksville | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / Emma | W | 29 | |
| Gaston | S | 6 | |
| Add | S | 5 | |
| Gard, Florenand | FL | 88 | France |
| / | | | |
| | | | |
| | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| C163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lebert Joseph | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. John the Baptist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hurry Frank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 10196-P81

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L163 | NAME OF INDIVIDUAL
<i>Labard Joseph</i> | | E.D.
<i>16</i> | SHEET
<i>17</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>16</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Avoyelles</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Labard Eliza</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16128-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------------|--------------------------------|--|--|
| L163 | | NAME OF INDIVIDUAL
<i>Lavardin Joseph</i> | | E.O.
10 | SHEET
25 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
20 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Assumption | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Robertson Antony</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Brother</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Brother</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Brother</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910B-P-61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.D. | SHEET | | |
| L163 | 10 | 21 | |
| COLOR | AGE | BIRTHPLACE | |
| B | 43 | | |
| COUNTY | Assumption | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Louisa | W | 39 | |
| Celestin | S | 18 | |
| Blanca | D | 14 | |
| Clarence | S | 11 | |
| Walter | S | 7 | |
| Imelda | D | 4 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| 2168 | | HEAD OF FAMILY | | LOUISIANA | |
| 2168 | | Lafrance, Joseph | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | | Plaquemines | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Marie | | M. | 164 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2165 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 61 | | 52 | 27 |
| COUNTY | | | Iberville | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Carolina | | W | 56 | | |
| Matilda | | D | 22 | | |
| Joseph Jr. | | S | 20 | | |
| Marion | | S | 14 | | |
| Delfie | | D | 12 | | |
| Lawrence | | S | 8 | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| LABARDE Joseph A | | E.O. | | SHEET | |
| COLOR | W | AGE | 63 | BIRTHPLACE | |
| COUNTY | Avoyelles | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie Louise | | W | 55 | | |
| Cora | | D | 15 | | |
| and 1 orphan | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 42 | La. It. | 24 | 10 |
| COUNTY | | | CITY | | |
| | | | Hannette | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 35 | It. | |
| Joseph | | S | 14 | It. | |
| Frank | | S | 11 | | |
| Tony | | S | 4 | | |
| Sam | | S | 6 | | |
| Rose | | D | 12 | | |
| Mary | | D | 8 | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-------|------------|
| 1 Louisa | D | 4 1/2 | |
| | | | |
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FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | | | |
|-------------------------|--|----------------|--|-------------------|--|-----------|--|
| 463 | | HEAD OF FAMILY | | Le Fort Joseph E. | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| W | | 37 | | | | 39 | |
| COUNTY | | Lafourche | | CITY | | SHEET | |
| | | | | | | 2 | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| 41 HK | | | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 4166 | | HEAD OF FAMILY | | LOUISIANA | |
| Laprie, Joseph H. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 30 | | | | |
| COUNTY | | Catahoula | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Silomia A. | | W | 28 | | |
| James D. | | S | 9 | | |
| Louis P. | | S | 6 | | |
| Harrison E. | | S | 4 | | |
| Callie A. | | D | 2 | | |
| | | | | | |
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|-------------------------|--|----------------|--|--------------------|--|------------|--|
| 2163 | | HEAD OF FAMILY | | Le Fort, Joseph M. | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 60 | | | | 39 1 | |
| COUNTY | | | | CITY | | | |
| Lafourche | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| / Beile | | | | W | | 55 | |
| / Lily | | | | D | | 36 | |
| / Harry | | | | S | | 33 | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|-------------------|------------------|
| P163 | HEAD OF FAMILY | Lalonde, Joseph W | E.D. 14 SHEET 29 |
| COLOR
W | AGE
32 | BIRTHPLACE | |
| COUNTY | Avoyelles | CITY Marksville | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| Jeda | | W | 28 |
| Dinnye J. | | S | 8 |
| Walter C. | | S | 5 |
| Caroline | | S | 3 |
| Charles W. | | S | 2 |
| | | | |
| | | | |
| | | | |

LOUISIANA

| | | | | |
|-------------------------|--------------------|--------------|------|------------|
| L163 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lacharde Josephine | | 18 | 9 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 36 | | | |
| COUNTY | Avoyelles | | CREW | Hessmer |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / Oscar | | s | 11 | |
| / Florence | | d | 7 | |
| | | | | |
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FORM 16-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| 4163 | HEAD OF FAMILY | | E.O. | SHEET |
| | Leport Jean | | 48 | 4 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 34 | | | |
| COUNTY | | CITY | | |
| Lafourche | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Roberta | | D | 18 | |
| Alex | | S | 13 | |
| Evanston | | G C | 4 | |
| Annet | | G C | 13 | |
| Paul | | U | 14 | |
| X 1 Se | | | | |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----------------|---|--|---|--------------------|
| L163 | | NAME OF INDIVIDUAL
<i>Lefort Judith</i> | | E.O.
<i>48</i> | SHEET
<i>34</i> |
| COLOR
<i>W</i> | AGE
<i>7</i> | BIRTHPLACE | | | |
| COUNTY
<i>Lafourche</i> | | CITY | | | |
| ENUMERATED WITH
<i>Lefort Lucian</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Gel</i> | |

FORM 16-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16126-P61

LOUISIANA

| | | | | |
|------------------------------|-----------------------------------|----------------------------|------------|-------------|
| R165 | HEAD OF FAMILY
<i>Luisinda</i> | | E.D.
60 | SHEET
13 |
| COLOR
<i>W</i> | AGE
92 | BIRTHPLACE
<i>Jules</i> | | |
| COUNTY
<i>St. Bernard</i> | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Philommi</i> | | <i>W</i> | <i>30</i> | |
| <i>Chodette</i> | | <i>D</i> | <i>11</i> | |
| <i>Elmer</i> | | <i>D</i> | <i>9</i> | |
| <i>Leone</i> | | <i>D</i> | <i>8</i> | |
| <i>May</i> | | <i>D</i> | <i>7</i> | |
| <i>Charles</i> | | <i>S</i> | <i>5</i> | |
| <i>Jules</i> | | <i>S</i> | <i>3</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------|-------------------|--------|------------|
| Albert | S | 17 1/2 | |
| Armenian | M | 60 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18108-P61

LOUISIANA

| | | | | | | | |
|-------------------------|----------------|-----|---------------|------------|------------|-------|----|
| 2163 | HEAD OF FAMILY | | Laborde Jules | E.D. | 16 | SHEET | 13 |
| COLOR | W | AGE | 26 | BIRTHPLACE | | | |
| COUNTY | Avoyelles | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Ella | | | W | 26 | | | |
| Marney | | | D | 5 | | | |
| Annie | | | D | 5 | | | |
| Marie | | | D | 1 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| L165 | | HEAD OF FAMILY | | Levron Jules | | E.O. | SHEET |
| | | | | | | 104 | 13 |
| COLOR | W | AGE | 45 | BIRTHPLACE | | | |
| COUNTY | | Terrebonne | | CITY | | | |
| | | | | Houma | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Victoria | | | | M | 60 | | |
| Shelly | | | | B | 31 | | |
| Alice | | | | Si | 28 | | |
| Ciera | | | | Si | 25 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|-----------|---|--|--|------------|
| L165 | | NAME OF INDIVIDUAL
Labrone, Julia | | E.O.
101 | SHEET
1 |
| COLOR
W | AGE
69 | BIRTHPLACE
Italy | | | |
| COUNTY | | St. Tammany | | CITY | |
| ENUMERATED WITH
Cousin Leon J. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 1910-P61

LOUISIANA

| | | | | | |
|---|------------------|---|------|--|--------------------|
| 8165 | | NAME OF INDIVIDUAL
<i>Leveran Julia</i> | | E.D.
<i>102</i> | SHEET
<i>22</i> |
| COLOR
<i>B</i> | AGE
<i>48</i> | BIRTHPLACE | | | |
| COUNTY
<i>Terrebonne</i> | | | CITY | | |
| ENUMERATED WITH
<i>Leveran Albert</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| | | | | | |
|---|---|--------------------|----|------------|--|
| 263 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LABASTHE, JULIE | | E.D. | | SHEET | |
| COLOR | W | AGE | 35 | BIRTHPLACE | |
| COUNTY | | Assumption | | CITY | |
| ENUMERATED WITH | | MILERS, FELICIA | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<u>Daughter</u> | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USC044-DC 10105-P01

LOUISIANA

| | | | | | |
|--|-----------------|---|------|--|-------------|
| L 163 | | NAME OF INDIVIDUAL
<i>Lebride Julia</i> | | E.O.
23 | SHEET
19 |
| COLOR
<i>W</i> | AGE
<i>4</i> | BIRTHPLACE | | | |
| COUNTY
<i>Avoyelles</i> | | | CITY | | |
| ENUMERATED WITH
<i>Palmer Master</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDWIFE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Adopted Child</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P01

LOUISIANA

| | | | | | |
|-----------------------------|------------------|--|-----------|-------------|------------|
| L163 | | HEAD OF FAMILY
<i>Lehest Julian</i> | | E.O.
125 | SHEET
8 |
| COLOR
<i>Mm</i> | AGE
<i>40</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Martin</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Rosalie</i> | | <i>W</i> | <i>37</i> | | |
| <i>Baldie</i> | | <i>D</i> | <i>17</i> | | |
| <i>Samuel</i> | | <i>V</i> | <i>15</i> | | |
| <i>Ethel</i> | | <i>V</i> | <i>NR</i> | | |
| <i>Lillian</i> | | <i>D</i> | <i>NR</i> | | |
| <i>Alexandre</i> | | <i>S</i> | <i>NR</i> | | |
| <i>Andrea</i> | | <i>D</i> | <i>2</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L 163 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lefort Julian | | 48 | 26 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 75 | | | |
| COUNTY | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Emma | | W | 59 | |
| Edouard | | D | 23 | |
| Lucresia | | D | 20 | |
| Joseph | | Daughter | 3 | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET |
| W | 49 | | 100 | 141 |
| COUNTY | | CITY | | |
| Terrebonne | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lawrence | H | 49 | | |
| Robert | S | 20 | | |
| Alfred | S | 15 | | |
| Levis | S | 7 | | |
| Clarence | S | 6 | | |
| Clara | S | 1 1/2 | | |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

K

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------|------------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| P162 | | NAME OF INDIVIDUAL | | Liphardt Katie C | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 24 | Miss | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | OF | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gardner Henry C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input checked="" type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|----------------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L/63 | | NAME OF INDIVIDUAL | | Labrotte, L. Phillip | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | BIRTHPLACE | | 10 | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 71 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assumption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother, Deloris | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

LOUISIANA

| | | | | | |
|----------------|--|------|--|-------|--|
| HEAD OF FAMILY | | E.D. | | SHEET | |
| | | 10 | | 18 | |

LOUISIANA

| | | | | |
|-------------------------|--|-----------------------------|-----------|---------------|
| L165 | HEAD OF FAMILY
<i>Liprean Louis Phillip</i> | | E.O.
7 | SHEET
16 |
| COLOR
W | AGE
47 | BIRTHPLACE
<i>France</i> | | |
| COUNTY
<i>Acadia</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Pauline</i> | | <i>W</i> | <i>43</i> | <i>France</i> |
| <i>Lauras</i> | | <i>L</i> | <i>22</i> | <i>France</i> |
| <i>Leon</i> | | <i>A</i> | <i>17</i> | |
| <i>Hammer</i> | | <i>H</i> | <i>15</i> | |
| <i>Rosa</i> | | <i>A</i> | <i>13</i> | |
| <i>Louise</i> | | <i>A</i> | <i>10</i> | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1165 | NAME OF INDIVIDUAL
Lawrence La. Vigne | | E.D.
62 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
54 | BIRTHPLACE
Miss | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
La Salle | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Lawrence Herman W. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

LOUISIANA

LOUISIANA

| | | | | | | | |
|-------------------------|---|----------------|------------|------------------|--|------|-------|
| 4113 | | HEAD OF FAMILY | | La porte Laurent | | E.D. | SHEET |
| 132 | | 61 | | | | | |
| COLOR | W | AGE | 38 | BIRTHPLACE | | | |
| | | France | | | | | |
| COUNTY | | | St. Martin | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Louis | | W | 38 | | | | |
| Augustin | | S | 12 | | | | |
| Louise | | S | 11 | | | | |
| Marcel | | S | 9 | | | | |
| Abel | | S | 7 | | | | |
| Joseph | | S | 5 | | | | |
| Peter | | S | 3 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|--------|------------|
| Mary | D | 11 1/2 | |
| Augustin | F | 68 | France |
| Dominquette | M | 69 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|----------------|--------|------------|--|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 43 | | 96 | |
| | | BIRTHPLACE | | SHEET | |
| | | Italy | | 11 | |
| COUNTY | | | | CITY | |
| Rapides | | | | Pineville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | | W | 30 | Italy | |
| Maggie | | D | 11 | | |
| Josephine | | D | 8 | | |
| Joe | | S | 6 | | |
| John | | S | 3 | | |
| Rosa | | D | 1 9/12 | | |

FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| 8165 | | HEAD OF FAMILY | | LOUISIANA | |
| Lapeyrance | | E.D. | | SHEET | |
| 108 | | 16 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 35 | | | | |
| COUNTY | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angelina | | W | 24 | | |
| James | | S | 10 | | |
| Earl | | S | 5 | | |
| Theodore | | S | 1 1/2 | | |
| Lucille | | D | 12 | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Salude Lee | | E.O. | SHEET |
| COLOR | | AGE | BIRTHPLACE | | |
| W | | 27 | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Agalea | | M | 20 | | |
| Reary | | D | 2 | | |
| Leonard | | L | 3/10 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L163 | NAME OF INDIVIDUAL <i>Labard Lemel</i> |
| E.D. 16 | SHEET 28 |
| COLOR <i>W</i> | AGE <i>11</i> BIRTHPLACE |
| COUNTY <i>Avoyelles</i> | CITY |
| ENUMERATED WITH <i>Fontanelle Pierre</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------------|--------------------------------|--|--|
| 1163 | | NAME OF INDIVIDUAL
<i>Leford Legerand</i> | | E.D.
48 | SHEET
24 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>11</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafourche</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Leford Lucian</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Ecl</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Ecl</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Ecl</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P41

| | | | | | |
|--|-----------|---|--|---|-------------|
| 5165 | | NAME OF INDIVIDUAL
<i>Laborn, Leon</i> | | E.O.
21 | SHEET
18 |
| COLOR
<i>W</i> | AGE
22 | BIRTHPLACE | | | |
| COUNTY
<i>Iberia</i> | | CITY | | | |
| ENUMERATED WITH
<i>Laborn, Edward</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| LABARDE Leon | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 58 | | | | |
| COUNTY | | CITY | | | |
| Rapid | | Ccho | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alsaumer | | W | 52 | | |
| Agness | | D | 5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|------|-----------|---|
| 2163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Laffrette Lem | | E.D. | | SHEET | |
| COLOR | W | AGE | 47 | 72 | 7 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| De Soto | | | | | |
| ENUMERATED WITH | | | | | |
| Laffrette Joe A | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18129-P81

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 7.65 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lafrance Leon | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| mu | 53 | | | | |
| COUNTY | | | CITY | | |
| Plaquemine | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Nathal | | w | 50 | | |
| Lainy | | d | 20 | | |
| Benjamin | | s | 16 | | |
| Joseph | | s | 18 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------------|------------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2166 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leferre, Leon C | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 79 | BIRTHPLACE | Mo. | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | St. Tammany | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | Abita Springs | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | Guinault, Louise | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1818B-P61

| | | | | |
|-------------------------|----------------|--------------------------|-----------|-------------|
| L163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
34 | NAME
Labard Leonard J | | SHEET
18 |
| COUNTY
Avoyelles | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Louisia | | W | 24 | |
| Leon | | S | 2 | |
| Murdie | | D | 8 1/2 | |
| Fontanelli Joseph | | B. L | 13 | |
| And 1 orphan | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L165 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 22 | | | 80 |
| SHEET 2 | | | | |
| COUNTY | | CITY | | |
| St. John the Baptist | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelia | W | 19 | | |
| | | | | |
| | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|-----------------|------------|------|
| L163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 54 | Laborde Leopold | | 16 |
| COUNTY | | SHEET | | |
| Avoyelles | | 18 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maril | W | 51 | | |
| Philipbert | S | 20 | | |
| Hernandez | S | 15 | | |
| Hassard Marine | N | 17 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2165 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mm | 45 | | | 152 | 34 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Biat Laurend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: right;"> <u>Labore</u> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P61

| | | | | | |
|-------------------------|---|----------------|-----------|------------|----|
| L 165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | E.D. | 27 |
| | | BIRTHPLACE | | SHEET 24 | |
| COUNTY | | | Jefferson | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Volina | | W | 19 | | |
| | | | | | |
| | | | | | |
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FORM 18-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|---|--------------------|
| 2165 | | NAME OF INDIVIDUAL
<i>Lincoln Linus</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>20</i> | BIRTHPLACE | | E.O.
<i>64</i> | SHEET
<i>13</i> |
| COUNTY
<i>De Soto</i> | | CITY | | | |
| ENUMERATED WITH
<i>Nicholas R.R.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 19-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCENSUS-DC 1910-9-01

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 35 | | | 14 |
| COUNTY | | Aveyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lelia | | W | 35 | | |
| Winnie | | A | 13 | | |
| Victoria | | A | 12 | | |
| Alice | | A | 11 | | |
| Laurie | | A | 9 | | |
| Liziet | | A | 5 | | |
| Bessie | | A | 4 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

HEAD OF FAMILY - CONTIN

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-634a (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

2165

| | | | |
|-------------------------|--------------|----------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| Wm | 41 | St. Louis, Mo. | 92 32 |
| COUNTY | Natchitoches | | |
| CITY | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Weta | Wife | 39 | |
| Josephine | D | 12 | |
| Celine | D | 10 | |
| Louise | D | 8 | |
| Peter | S | 7 | |
| Weta | D | 5 | |
| Rosanne | S | 3 | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2163 | NAME OF INDIVIDUAL
<i>Lefford, Ligea</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>45</i> | BIRTHPLACE
<i>Ala</i> | E.D.
<i>90</i> | SHEET
<i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Morehouse | | Bachup. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Carpenter Fred</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC989-DC 1910-701

| | | | | | |
|-------------------------|------------|----------------|-----|------------|--|
| 1165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 66 | BIRTHPLACE | |
| COUNTY | | Rapides | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Miller | D | 19 | | |
| | Spanader | D | 18 | | |
| | Fillmore | D | 14 | | |
| | Francis E. | D | 12 | | |
| | James W. | S | 11 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|----------------------|-----------|-------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------|--------------------------------|--|--|
| 2163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 20 | Lafayette, Louisiana | 4 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ascension | | | Donaldsonville | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jackson, Julia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMIGRANT</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Brother</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Brother | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Brother | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-661

| | | | | | |
|-------------------------|----|----------------|-----|------------|----|
| 5765 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 51 | AGE | 51 | E.D. | 85 |
| | Mu | | | SHEET | 6 |
| COUNTY | | Natchitoches | | CITY | |
| | | | | Comptche | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Louisa | | W | 30 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------|------------|------|
| L165 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 34 | Lafrenis Louis | | 15 |
| COUNTY | CITY | | SHEET | |
| Avoyelles | | 17 | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alexandra | w | 28 | | |
| Alvess | z | 10 | | |
| Jola | d | 8 | | |
| Clifton | z | 5 | | |
| James C | s | 3 | | |
| White Cohen | sil | 21 | | |
| 1 Hazel | ni | 2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| LEBERT, Louis O | | E.D. | | SHEET | |
| COLOR | W | AGE | 53 | BIRTHPLACE | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| MARIE M. | | W | 36 | | |
| EDGAR | | S | 6 | | |
| CORA | | O | 5 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | Levert Louis E |
| COUNTY | | Washington | | CITY | Bogalusa |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Salma | | M | 67 | | |
| Phylomene | | S. | 26 | | |
| Theresa | | S. | 24 | | |
| Paul | | B | 40 | | |
| Ernest | | N | 16 | | |
| Casimire | | N | 16 | | |
| and 2 Bo | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Le Grand, La |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Le Grand | | W | 24 | | |
| Marie E | | D | 5 | | |
| John V | | H | 2 | | |
| 41 boarder | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|---|-------|
| L 163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 19 | | 111 | 12 |
| COUNTY | | | CITY | | |
| Tangipahoa | | | Amite | | |
| ENUMERATED WITH | | | | | |
| Kaplan, Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Cousin | |

FORM 10-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| 8-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Labude Lovell |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Laurence | | W | 32 | | |
| and 1 orphan | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 38 | | | 24 |
| COUNTY | | CITY | | SHEET | |
| Avoyelles | | | | 21 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Fabian | | S | 22 | | |
| Anna | | D | 13 | | |
| Alfred | | S | 11 | | |
| Edgar | | S | 9 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L 163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 78 | | | 48 |
| COUNTY | | CITY | | SHEET | |
| | | Lafourche | | 23 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maurice | | W | 66 | | |
| Margaret | | G C | 11 | | |
| Maurice | | G C | 8 | | |
| Judith | | G C | 7 | | |
| Mary | | G C | 6 | | |
| Silvia | | G C | 5 | | |
| Edgar | | S | 30 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|---|----|
| X163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 16 | E.D. | 72 |
| | | BIRTHPLACE | | SHEET 6 | |
| COUNTY | | | CITY | | |
| Do Soto | | | | | |
| ENUMERATED WITH | | | | | |
| Rambin Jayk H. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
12 | |

FORM 16-437 (4-30-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P-81

| | | | | | |
|-------------------------|-----|----------------|--------------|------------|-------|
| 465 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 18 | | | 80 | 25 |
| COUNTY | | | CITY | | |
| Natchitoches | | | Natchitoches | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Williams, Jewel | | D | 4 | | |
| Fortnot, Emma | | C | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|--|
| 2/65 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LIVERMAN LARRY | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 74 11 | |
| W | 28 | | | | |
| COUNTY | | CITY | | | |
| Do Soto | | | | | |
| ENUMERATED WITH | | | | | |
| REGINA J. H. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-PS1

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | |
| COUNTY | | Avoyelles | | CITY | Wasson |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary Louise | | do | 26 | | |
| Anshula M | | d | 3 | | |
| Mathilde | | cl | 2 | | |
| Fulgence | | f | 60 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-30-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|-----------------|
| L165 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 17 | BIRTHPLACE | E.D. 27 SHEET 3 |
| COUNTY | | Caddo | | CITY | |
| ENUMERATED WITH | | | | | |
| Crawford, J. R. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| Y 163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 54 | Luma | | 23 | 18 |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Flavie | | W | 41 | | |
| Nettie | | D | 17 | | |
| Dewey | | S | 13 | | |
| Lacey | | S | 9 | | |
| Elda | | S | 7 | | |
| Anolis | | D | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|------|--|--------------------|
| 465 | | NAME OF INDIVIDUAL
<i>Leveron Lydia</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>16</i> | BIRTHPLACE | | E.D.
<i>102</i> | SHEET
<i>22</i> |
| COUNTY | | | CITY | | |
| <i>Terrebonne</i> | | | | | |
| ENUMERATED WITH
<i>Leveron Albert</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S.</i> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | |
|--|---|---|----|---|--|
| 7963 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Le Briton M. St M. | | E.D. | | 28 | |
| COLOR | W | AGE | 22 | BIRTHPLACE | |
| COUNTY | | Jefferson | | CITY | |
| ENUMERATED WITH | | | | | |
| Le Briton E. B. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Li | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|----------------------|
| L 145 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | La Beaumont, Natchez |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| McMahon, Herman J. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INSANE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1510-001

| | | | | | |
|-------------------------|---|------------------|-----|------------|--------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 40 | NAME | Lavent, Mack |
| | | BIRTHPLACE | | E.D. | 135 |
| COUNTY | | West Baton Rouge | | SHEET 5 | |
| | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Livent, Mack | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|----------|------------|--|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | |
| | | | E.D. 136 | | |
| | | | SHEET 12 | | |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary Sue | | W | 35 | | |
| Charles F | | S | 7 | | |
| Mark W Jr | | S | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|----|--|-------|
| L113 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 17 | BIRTHPLACE | Italy |
| COUNTY | | Caddo | | CITY | |
| ENUMERATED WITH | | | | | |
| Sevil Frank | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P81

| | | | | | |
|-------------------------|---|----------------|------|------------|-----|
| 2143 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 64 | BIRTHPLACE | 113 |
| COUNTY | | | CITY | | |
| Webster | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Fanny | | W | 64 | Ga | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|--|
| 5163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 52 | | 36 | |
| | | BIRTHPLACE | | SHEET | |
| | | Marcelen | | 24 | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Aleda | | W | 48 | | |
| Aneta | | D | 23 | | |
| Samile | | S | 21 | | |
| Joseph | | S | 17 | | |
| Louis | | S | 14 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 565 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 57 | BIRTHPLACE | Le Brun Marcelin |
| COUNTY | | Iberia | | CITY | New Iberia |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ella | | W | 54 | | |
| Ransom Mary E | | da. b. | 40 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 51 | | | 14 | 14 |
| COUNTY | | | | | |
| Avoyelles | | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Angela | | W | 47 | | |
| Ed | | H | 22 | | |
| Barrette | | H | 19 | | |
| Annette | | H | 16 | | |
| Blassey | | H | 14 | | |
| L. Grace | | H | 12 | | |
| Cussey | | S | 10 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---|--|----------------------|
| L163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 5 | BIRTHPLACE | Lafayette Marcelline |
| COUNTY | | Lafourche | | CITY | |
| ENUMERATED WITH <i>Peter Canister</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Orphan</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18128-P61

1910-636-01

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 35 | Lahorde Marcotini | | 14 | 3 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------|
| 7165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 57 | BIRTHPLACE | France |
| COUNTY | | Iberia | | CITY | New Iberia |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marcelle Franconi | | ni | 36 | France | |
| Bertha | | ni | 36 | France | |
| Yvonne | | ni | 8 | France | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2105 | | NAME OF INDIVIDUAL
<i>Lafrance Marie</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>64</i> | BIRTHPLACE | | E.O.
<i>51</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>Plaquemines</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lafrance Joseph</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|---|---|---|---|--|--|
| 1165- | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 5 | BIRTHPLACE | |
| COUNTY | | Pointe Coupee | | CITY | |
| ENUMERATED WITH | | | | | |
| Joseph, Antoinette | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> BURGE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-501

| | | | | | |
|-------------------------|-----------|----------------|------|------------|----------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | Shiridge, Mark |
| COUNTY | Calcasieu | | CITY | E.D. | 44 |
| | | | | SHEET | 25 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| W | | W | 21 | Tex | |
| M Knight, James | | 7a-L | 54 | Penn | |
| | | | | | |
| | | | | | |
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FORM 16-436 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|---------------------------|-----------|------------------|
| L163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
31 | BIRTHPLACE
Der. German | | E.O. 44 SHEET 25 |
| COUNTY | | CITY | | |
| Calcasieu | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Baulah | | W | 21 | Tex |
| McKnight, James | | FL | 54 | Pa |
| | | | | |
| | | | | |
| | | | | |
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FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|------|--|--------------------|
| 2163 | | NAME OF INDIVIDUAL
<i>Laharde, Marine</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>15</i> | BIRTHPLACE | | E.D.
<i>14</i> | SHEET
<i>14</i> |
| COUNTY
<i>Avoyelles</i> | | | CITY | | |
| ENUMERATED WITH
<i>Brownblatte, Frank</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Step-son</i> | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-P61

| | | | | |
|-------------------------|----------------|------------|------------|------|
| L165 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| B | 27 | | | 82 |
| SHEET 10 | | | | |
| COUNTY | | CITY | | |
| Pointe Coupee | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rebecca | W | 21 | | |
| Calvin | S | 3 | | |
| Hyman | S | 1 | | |
| | | | | |
| | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 65 | E.O. | 48 |
| | | BIRTHPLACE | | SHEET | 2 |
| COUNTY | | Franklin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louis | | S | 25 | | |
| Mary | | S | 12 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 30 | | 16 | 9 |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Emma | | | 29 | | |
| | | | 7 | | |
| | | | 6 | | |
| | | | | | |
| And 2 orphans | | | | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|--|--|--|--------------------|
| 2165 | | NAME OF INDIVIDUAL
<i>Laveria Martha</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>12</i> | BIRTHPLACE | | E.D.
<i>2</i> | SHEET
<i>17</i> |
| COUNTY
<i>Acadia</i> | | CITY | | | |
| ENUMERATED WITH
<i>Maureen Loom</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB-DC 18100-P01

| | | | | | |
|--|--|--|--|--|-------|
| L165 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | F.D. | SHEET |
| W | | 20 | | 50 | 15 |
| BIRTHPLACE | | | | | |
| COUNTY | | CITY | | | |
| | | Theriot | | | |
| ENUMERATED WITH | | | | | |
| | | Le Prince, Frank | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 10100-P01

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|---|--|---|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2163 | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Lefort Mary | | 48 | 24 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafourche | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lefort Louis | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 cl | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 1910-P61

LOUISIANA

| | | | | | | | |
|-------------------------|--|----------------|--|------------|--|------------|--|
| L165 | | HEAD OF FAMILY | | E.O. | | SHEET | |
| COLOR | | AGE | | BIRTHPLACE | | 55 2 | |
| Mr | | 54 | | Iberville | | | |
| COUNTY | | CITY | | Bogalusa | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Savary Amelia | | M | | 66 | | | |
| Israel Leora | | D | | 32 | | | |
| 1 Leura | | SL | | 34 | | | |
| Lefrancis Seraphine | | Ad-Cl | | 17 | | | |
| Robertson Nancy | | Ad-S | | 17 | | | |
| Lefrancis Malvina | | D-L | | 30 | | | |
| Ellen, Neline | | Ad-Cl | | 14 | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--|------------|-----------|-------|
| 8168 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 16 | St. | 114 | 29 |
| COUNTY | | | CITY | | |
| Tangipahoa | | | | | |
| ENUMERATED WITH | | | | | |
| Zinnacda, Sebastian | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCONM-DC 1910-P81

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 463 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. SHEET |
| W | | 29 | | | 48 4 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Naomi | | W | 25 | | |
| Julian A. | | S | 8 | | |
| Madisonella | | S | 5 | | |
| Clayborne | | S | 3 | | |
| Ellisone | | S | 1 1/2 | | |
| 4 2 Lu. | | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------|-----------|--|
| 1163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 15 | Assumption | 10 | 25 | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| Robertson Antony | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Brother | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

Form 16-537 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| L106 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 38 | | 13 | |
| BIRTHPLACE | | Catahoula | | SHEET | |
| COUNTY | | CITY | | 3 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Milly A. | | W | 26 | | |
| Fredrick | | S | 11 | | |
| Jennie | | S | 10 | | |
| Paralie | | S | 7 | | |
| Frank | | S | 5 | | |
| Cad | | S | 4 | | |
| May A. | | S | 2 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|------------|----------------|-----|---------------------|-------|-----------|----|
| 463 | | HEAD OF FAMILY | | La Foster Michael A | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Italy | E.D. | 66 |
| | | | | | | SHEET | 48 |
| COUNTY | | St. James | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Marguerite | W | 26 | Italy | | | |
| | Conchetta | D | 12 | Italy | | | |
| | Josephine | D | 8 | | | | |
| | Angelina | D | 6 | | | | |
| | Mina | D | 5 | | | | |
| | Joseph | S | 2 | | | | |

FORM 16-636 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| L/63 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| W | 44 | | 48 | 28 | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Elmie | W | 41 | | | |
| Ussin | S | 16 | | | |
| Harmon | D | 14 | | | |
| Joseph | S | 12 | | | |
| Alexander | D | 10 | | | |
| Wash | S | 8 | | | |
| Edward | S | 6 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15192-P81

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|--------------|------------------|------------|------|-------|
| X.65 | | HEAD OF FAMILY | | Lafrance Mitchel | | E.D. | SHEET |
| 51 | | 5 | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| Mu | 29 | | | | | | |
| COUNTY | | | | CITY | | | |
| Plaquemine | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Bertha | | | w | 28 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|-------|------------|
| 4166 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lapine, Mont | | 13 | 3 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 34 | | | |
| COUNTY | Catahoula | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Ella | | W | 28 | |
| Noah R. | | S | 8 | |
| Ella R. | | S | 6 | |
| Alma A. | | S | 3 | |
| Flora | | S | 1 1/2 | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 31 | | | 15 22 |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marrisa W | | | 31 | | |
| Marry U D | | | 11 | | |
| Robert S | | | 5 | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|-------|
| L-163 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Labarde, Moses L | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 72 | | | | |
| COUNTY | | CITY | | | |
| Avoyelles | | Manurewa | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Moses L. | | W | 58 | | |
| Soma | | D | 27 | | |
| Felix | | S | 19 | | |
| And 1 orphan | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| LABARDE MAREL | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 46 | | | | |
| COUNTY | | RAPIDES | | CITY | |
| | | | | CHO | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------|--------------------------------|--|--|
| U65 | NAME OF INDIVIDUAL
Le Baron Morrell | | E.O. 116 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
76 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Tangipahoa | | CITY
Independence | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Phillips, Helen | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>To S.</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | To S. | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | To S. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| Leverman, Nannie | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 63 1 | |
| W | 65 | | | | |
| COUNTY | | De Soto | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lucy | | D | 28 | | |
| Roseland | | D | 23 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|----------------------|--|-------|
| 1163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 34 | Lafayette, Louisiana | 72 | 7 |
| COUNTY | | | CITY | | |
| Do Soto | | | | | |
| ENUMERATED WITH | | | | | |
| Lafayette Joe A | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

U.S. DEPARTMENT OF COMMERCE 1910-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| L 163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 27 | BIRTHPLACE | Miss |
| COUNTY | | Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lizzie E. | | W | 24 | Tex. | |
| G. Elie | | S | 4 | | |
| Claude | | Girl | 2 | | |
| Adams, Fannie P. | | MP | 63 | | |
| and 1 lodger | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|------------------|-----|------------|--|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| LABRAN, Neff | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| Man | 45 | | | | |
| COUNTY | | West Baton Rouge | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| + 1 Son | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| 8163 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Labarde Hector | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 40 | | | | |
| COUNTY | Avoyelles | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Isore | W | 25 | | |
| | Clmo | S | 1 | | |
| | Thelma | S | 7/2 | | |
| | Anna | S | 18 | | |
| | Berlab | D | 14 | | |
| | Le Roy | S | 10 | | |
| | Lula | D | 8 | | |

FORM 10-635 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 68 | | | 53 12 |
| COUNTY | | | CITY | | |
| Plaquemines | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / John R | | S | 28 | | |
| Mary R | | D | 14 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|--------|------------|----------|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| Laverne | | Noah | | E. 9 | SHEET 34 |
| COLOR | AGE | BIRTHPLACE | | | |
| (11) | 43 | | | | |
| COUNTY | | | CITY | | |
| Tensas | | | Morgan | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Moses | | 6 | 70 | | |
| James | | 5 | 14 | | |
| Noah Jr. | | 5 | 12 | | |
| Sue | | 17 | 8 | | |
| Jeanne | | 10 | 4 | | |
| Thomas | | 5 | 2 | | |
| | | | | | |

FORM 18-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 57 | | 56 | 2 |
| COUNTY | | BIRTHPLACE | | | |
| | | Plaquemines | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Richard | | w | 54 | | |
| Norbert Jr | | s | 27 | | |
| Walsh, Mabel | | ss | 21 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------------|--|--|-------------------|--------------------|
| L-163 | | NAME OF INDIVIDUAL
<i>Defort Norade</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>8</i> | BIRTHPLACE | | E.O.
<i>48</i> | SHEET
<i>24</i> |
| COUNTY
<i>Lafourche</i> | | CITY | | | |
| ENUMERATED WITH
<i>Defort Lucian</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>6 cl</i> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18180-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2164 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| MH | 48 | Lapeyrolle, Thoma | | 81 | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | John the Baptist | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P-61

1910-1911 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY

LOUISIANA

E.D. 56 SHEET 10

COLOR *mul* AGE 55 BIRTHPLACE *Lafayette, Octave*

COUNTY *Plaquemines* CITY

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----------|------------|
| <i>John</i> | <i>S</i> | <i>18</i> | |
| <i>Casmille</i> | <i>d</i> | <i>17</i> | |
| <i>Lionel</i> | <i>S</i> | <i>13</i> | |
| <i>Livie</i> | <i>S</i> | <i>12</i> | |
| <i>Alice</i> | <i>d</i> | <i>3</i> | |
| <i>Arthur</i> | <i>S</i> | <i>2</i> | |

LOUISIANA

| | | | | | | |
|-------------------------|------------------|--------------|----------------|------------|------|-------|
| L163 | HEAD OF FAMILY | | Levent, Octave | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | | |
| W | 40 | | | | | |
| COUNTY | West Baton Rouge | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| | Adah | W | 33 | | | |
| | Leine | D | 13 | | | |
| | Marvin | S | 12 | | | |
| | Margorie | D | 10 | | | |
| | DuMontier | S | 8 | | | |
| | Olga | D | 6 | | | |
| | Alton | S | 5 | | | |

FORM 10-636 (4-20-61)

1910 GEN. US INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| 1 Elane | D | 3 | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

LOUISIANA

| | | | | |
|-------------------------|-----------------|--------------|------|------------|
| L163 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lahorde, Octave | | 14 | 15 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 44 | | | |
| COUNTY | | CITY | | |
| Avoyelles | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Lessa | | W | 30 | |
| Cicana | | S | 20 | |
| Bjarence | | H | 15 | |
| Eola | | H | 13 | |
| Lessa | | H | 10 | |
| Gauld | | S | 7 | |
| Lessa | | H | 4 | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2163 | | NAME OF INDIVIDUAL
<i>Lucert Colite</i> | | E.O.
15 | SHEET
8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>24</i> | AGE
<i>42</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>East Baton Rouge Baton Rouge</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Landry, Philip</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

VECONOMY-DC 1812P-93

| | | | | | |
|-------------------------|-----|------------------|------|------------|-------|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lafourche, Olena | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 26 | | | | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Olena | | W | 28 | | |
| | | | | | |
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|-------------------------|--|----------------|--|----------------|--|------------|--|
| L165 | | HEAD OF FAMILY | | Lavern O. Lide | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 40 | | | | 2 27 | |
| COUNTY | | Acadia | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Elizabeth | | W | | 39 | | | |
| Estelle | | d | | 12 | | | |
| Laurencia | | d | | 11 | | | |
| Dora | | d | | 8 | | | |
| Dais | | d | | 5 | | | |
| Rene | | S | | 3 | | | |
| | | | | | | | |

FORM 16-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L-165 | | HEAD OF FAMILY | | LOUISIANA | |
| Lebrun | | Alison | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 31 | | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Garcia | | W | 22 | | |
| Harvey A | | S | 0 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 40 | | 137 | 22 |
| BIRTHPLACE | | Levest, Omar J | | | |
| COUNTY | | CITY | | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emelda | | W | 36 | | |
| Dorothy | | D | 4 | | |
| James | | S | 2 | | |
| Hassie | | S | 1 | | |
| | | | | | |
| | | | | | |
| #1 son | | | | | |
| | | | | | |

FORM 16-436 16-20-611

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|-------------------------|---|
| L163 | HEAD OF FAMILY
<i>Laborde, Orlis</i> |
| E.D.
24 | SHEET
8 |
| COLOR
W | AGE
46 |
| BIRTHPLACE | |
| COUNTY
Avoyelles | CITY |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| AGE | BIRTHPLACE |
| <i>Rosalia</i> | W |
| <i>Goddie J.</i> | S |
| <i>Florence</i> | D |
| <i>Louise</i> | D |
| <i>Elise</i> | S |
| | |
| | |
| | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------------------------|--------------|------------|-------------|
| 2163 | HEAD OF FAMILY
Lalonde, Chris | | E.D.
14 | SHEET
14 |
| COLOR
W | AGE
24 | BIRTHPLACE | | |
| COUNTY
Avoyelles | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / Chris | | W | 25 | |
| | | | | |
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FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L163

| | | | | |
|-------------------------|------------------|-------------------------------------|-----------|------------|
| <i>L163</i> | | HEAD OF FAMILY <i>Lapote, Oscar</i> | | LOUISIANA |
| | | E.D. | SHEET | |
| | | <i>69</i> | <i>13</i> | |
| COLOR | AGE | BIRTHPLACE | | |
| <i>mu</i> | <i>23</i> | | | |
| COUNTY | <i>St. James</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Louisa</i> | | <i>W</i> | <i>20</i> | |
| | | | | |
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LOUISIANA

| | | | | | | | | |
|-------------------------|----------------|--------------|----------------|------------|--------------|----|-------|---|
| 4163 | HEAD OF FAMILY | | Laborde, Oscar | | E.D. | 17 | SHEET | 9 |
| COLOR | W | AGE | 26 | BIRTHPLACE | | | | |
| COUNTY | Avoyelles | | | CITY | Grand Coteau | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | | |
| Eduina | | W | 26 | | | | | |
| Curtis | | S | 6 | | | | | |
| Samuel | | S | 9 | | | | | |
| Thomas | | S | 12 | | | | | |
| | | | 12 | | | | | |
| | | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|---|--|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2165 | NAME OF INDIVIDUAL
<i>Laborite Oscar</i> | | E.D. 106 SHEET 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>30</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Ouachita</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Feister Mary</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16196-P61

| L165 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-----|----------------|------|------------|--|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| W | 27 | | 10 | 4 | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Odavie | | W | 28 | | |
| James | | D | 6 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L163 | NAME OF INDIVIDUAL
<i>Lahard Rivide</i> |
| E.D. 15 | SHEET 3 |
| COLOR
<i>W</i> | AGE
<i>14</i> |
| BIRTHPLACE | |
| COUNTY
<i>Avoyelles</i> | CITY |
| ENUMERATED WITH
<i>Couvillier Narcisse</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WORKER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVID

USCOMM-DC 18128-P81

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| 1163 | | HEAD OF FAMILY | | LOUISIANA | |
| LABARDE PAUL | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 51 | | | | |
| COUNTY | | CITY | | | |
| St. Tammany | | Covington | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Evelyn | W | 50 | | | |
| Enile | S | 30 | | | |
| Paul | S | 25 | | | |
| Romas | S | 23 | | | |
| Eugene | S | 21 | | | |
| Clotile | D | 17 | | | |
| Kuby | D | 13 | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| HEAD OF FAMILY - CONTINUED | | CARD 2 OF 2 | |
|----------------------------|--------------|-------------|------------|
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / Alvin | S | 12 | |
| Adolph | S | 11 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1510B-P61

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L 163 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lafort Paul Jr | | 48 | 33 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 38 | Lafourche | | |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Ernest | | W | 30 | |
| Ellen | | D | 11 | |
| Lucas | | D | 10 | |
| Filicien | | D | 7 | |
| Julien | | D | 6 | |
| Paul Jr | | S | 4 | |
| Flora | | D | 2 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|---|--|--|
| L163 | NAME OF INDIVIDUAL
<i>Lefort Paul</i> | | E.O.
48 | SHEET
4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
64 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Lafourche | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lefort Jeanne</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P61

LOUISIANA

| | | | | | |
|--|--|---|--|-------------|-------------|
| L-163 | | NAME OF INDIVIDUAL
Lenert Paul | | E.D.
131 | SHEET
19 |
| COLOR
W | AGE
40 | BIRTHPLACE | | | |
| COUNTY
Washington | | CITY
Bogalusa | | | |
| ENUMERATED WITH
Lenert Louis E | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>B</u> | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

U.S. GOVERNMENT PRINTING OFFICE: 1910

LOUISIANA

| | | | |
|--|--|--|-------|
| L166 | NAME OF INDIVIDUAL
<i>Labriere Paul Mrs</i> | E.O.
<i>10918</i> | SHEET |
| COLOR
<i>W</i> | AGE
<i>78</i> | BIRTHPLACE | |
| COUNTY
<i>Ierrebonne</i> | | CITY | |
| ENUMERATED WITH
<i>Lajoux Johnny Sr</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P81

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| Levert Paul | | E.D. | | SHEET | |
| 82 | | 41 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Levert | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|---|---|-----------------|
| 8163 | | LOUISIANA | |
| | | NAME OF INDIVIDUAL
<i>Le Breton Paul G</i> | E.O. 98 SHEET 7 |
| COLOR
<i>W</i> | AGE
<i>39</i> | BIRTHPLACE | |
| COUNTY
<i>St. Tammany</i> | CITY
<i>Blanchard</i> | | |
| ENUMERATED WITH
<i>Smith Joseph H</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|----------------|--------------|------------|-------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 29 | | 17 | 10 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| André's | | | Grand Coteau | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cora | | W | 26 | | |
| Claude | | S | 3 | | |
| Charles | | S | 2 | | |
| Agnes | | D | 3 | | |
| | | | 12 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|----------------------------|-------------------|-------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2163 | | NAME OF INDIVIDUAL
<i>Levert, Percy</i> | | E.D.
<i>15</i> | SHEET
<i>5</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Yt</i> | AGE
<i>7</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | <i>East Baton Rouge</i> | | CITY
<i>Baton Rouge</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Landry, Philip</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input checked="" type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

NRCOMM-DC 18125-P-01

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L 165 | | HEAD OF FAMILY | | LOUISIANA | |
| La Frange, Peter | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 62 | | | | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Leonie | | W | 61 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----|------------------|------|------------|-------|
| L165 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Saburnara, Peter | | 114 | 25 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 50 | It. | | | |
| COUNTY | | | CITY | | |
| Tangipahoa | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Martha | | W | 42 | It. | |
| Pella | | S | 19 | It. | |
| Ianna | | D | 18 | It. | |
| | | | | | |
| | | | | | |
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| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 29 | | | 15 8 |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | w | 23 | | |
| Zachy | | d | 3 | | |
| Brokly | | d | 2 | | |
| Barkley | | s | 10 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------------|------------|-------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| Laport Philip | | E.D. | | SHEET | |
| COLOR | W | AGE | 24 | BIRTHPLACE | Italy |
| COUNTY | Iberville | CITY | St. Valler | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Benora | | w | 20 | Italy | |
| Victoria | | d | 2 | Italy | |
| Joe | | d | 1 | Italy | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L-163 | | NAME OF INDIVIDUAL
<i>Lerest Philomene</i> | | E.D.
<i>131</i> | SHEET
<i>19</i> |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE | | | |
| COUNTY
<i>Washington</i> | | CITY
<i>Bogalusa</i> | | | |
| ENUMERATED WITH
<i>Lerest Louis E</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Si</i> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

U.S. GOVERNMENT PRINTING OFFICE

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-----------|------------|
| COLOR | AGE | E.D. | SHEET |
| W | 61 | 15 | 20 |
| BIRTHPLACE | | | |
| COUNTY | | CITY | |
| Avoyelles | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Engine J | W | 39 | |
| Louise C | D | 20 | |
| Nicholas | S | 17 | |
| Louis | S | 16 | |
| Robert | S | 12 | |
| Connetta | D | 14 | |
| Emma | D | 13 | |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-------|------------|
| Adele | D | H | |
| Laisy | D | 1 | |
| Louise | D | 5 | |
| Loucile | D | 1 1/2 | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1510b-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 30 | | 2 | 25 |
| COUNTY | | Acadia | | CITY | |
| | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Nussche | | W | 30 | | |
| Bourgeois Emeline | | d | 16 | | |
| Lawson Maud | | d | 9 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | |
|--|---|---|
| 2165 | NAME OF INDIVIDUAL
<i>Loverness Pinkney</i> | E.O. 131 |
| COLOR
<i>B</i> | AGE
<i>4</i> | SHEET
<i>4</i> |
| COUNTY
<i>Winn</i> | | CITY |
| ENUMERATED WITH
<i>Smith Sam</i> | | |
| RELATIONSHIP TO ABOVE | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18183-P61

| | | | | | |
|-------------------------|-----|-------------------|------|------------|-------|
| 165 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Le Branche Polite | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 48 | | | | |
| COUNTY | | | CITY | | |
| St. Charles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cepelia | | W | 36 | | |
| Neal Joseph | | SS | 21 | | |
| Le Branche James | | S | 18 | | |
| Rontoin | | S | 12 | | |
| Mitch | | S | 10 | | |
| Blitz R. | | S | 8 | | |
| Casper | | D | 5 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------------|--------------|--------------|------------|
| <i>Henrietta</i> | <i>D</i> | <i>3</i> | |
| <i>Mara</i> | <i>D</i> | <i>1 3/4</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15-50800-1-15100-P01

| | | | | | |
|-------------------------|-----|-------------------|-----|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| 2W | | Lahorde Preston J | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 2W | 25 | | | | |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Iszole | | co | 23 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|------------------------------------|-----|------------|
| L163 | HEAD OF FAMILY
Lalonde, Prosper | | |
| E.D.
14 | SHEET
18 | | |
| COLOR
W | AGE
45 | | |
| BIRTHPLACE | | | |
| COUNTY
Avoyelles | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Flavie | W | 44 | |
| Stella | D | 26 | |
| Cyclide | S | 22 | |
| Curtis | S | 17 | |
| Lara | D | 13 | |
| Simpson | S | 10 | |
| Connie | W | 18 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 163 | | NAME OF INDIVIDUAL
<i>Lefridge Rachel</i> | | E.O.
64 | SHEET
4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>6</i> | BIRTHPLACE
<i>L.C.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>9 Soto</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lefridge Block</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-26-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16166-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| Le Broom Rana | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 49 | | | | |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mathelie | | W | 45 | | |
| Wallace | | S | 19 | | |
| Virginia | | D | 17 | | |
| Eva | | D | 15 | | |
| Laurie | | S | 14 | | |
| Ethel | | D | 11 | | |
| Marbet | | S | 9 | | |

Form 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-------------------|-------------------|-----|------------|
| 1 C. C. [unclear] | S | 5 | |
| Antelma [unclear] | M | 25 | |
| | | | |
| | | | |
| | | | |
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| | | | |
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FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

| | | | | | | | |
|---|--|----------------|--|---------------|--|------------|--|
| 1413 | | HEAD OF FAMILY | | La Porte Rapp | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 48 | | Italy | | 59 11 | |
| COUNTY | | | | CITY | | | |
| <div style="text-align: center;"> 16-20-10
 OTHER MEMBERS OF FAMILY </div> | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Victorine | | W | | 46 | | Italy | |
| Nicholas | | S | | 16 | | Italy | |
| Mary | | D | | 8 | | Italy | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|---------|------------|--|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| w | | 48 | | 143 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 28 | |
| COUNTY | | | CITY | | |
| Vermillion | | | Iruydan | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Abrien | S | 27 | | |
| | Calvin | S | 23 | | |
| | Isaac | S | 18 | | |
| | Amanda | D | 15 | | |
| | Jerry | S | 12 | | |
| | Rebecca | D | 9 | | |
| | Ernest | S | 7 | | |

FORM 70-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 41 | | 16 | 30 |
| COUNTY | | | CITY | | |
| Angelle | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Clair | | W | 37 | | |
| Joseph | | S | 16 | | |
| Ferdinand | | S | 12 | | |
| Evel | | D | 8 | | |
| Dennis | | D | 6 | | |
| Marie | | D | 3 | | |
| Lucille | | D | 8/12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|-----------------|-----|------------|-------|
| 8163 | | HEAD OF FAMILY | | LABRIDE REARVIL | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | | E.D. | SHEET |
| | | | | | | 16 | 19 |
| COUNTY | | | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Léon | | | | W | 28 | | |
| Edward | | | | S | 10 | | |
| Blanche | | | | D | 7 | | |
| Mae | | | | S | 5 | | |
| Lizzie | | | | D | 1 | | |
| | | | | | | | |
| | | | | | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leuereth Robert | | C.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 23 | ala | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Washington | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miley Sam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-437 (4-25-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC014-DC 18108-P81

| | |
|--|---|
| LOUISIANA | |
| L165 | NAME OF INDIVIDUAL <i>Le Branch Roger</i> |
| E.D. 64 | SHEET 12 |
| COLOR <i>Mu</i> | AGE <i>42</i> BIRTHPLACE |
| COUNTY <i>St. Charles</i> | CITY |
| ENUMERATED WITH <i>Charles Abraham</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-437 (6-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15180-P61

| | | | | | |
|-------------------------|--|----------------|--|-----------|--|
| L 163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 63 | | 16 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 17 | |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | | AGE | |
| BIRTHPLACE | | | | | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|---|--|------------|
| | | LOUISIANA | |
| 1113 | NAME OF INDIVIDUAL
<i>Laborde, Rosalia</i> | | E.D.
14 |
| COLOR
<i>W</i> | AGE
17 | BIRTHPLACE | |
| COUNTY | | CITY | |
| Avoyelles | | | |
| ENUMERATED WITH
<i>Brownlette, Frank</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Step Son</i> | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16108-P01

| | | | | | |
|---|------|---|--|---|--|
| L/63 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LABARDE, ROSE | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 14 | 8/12 | | | | |
| COUNTY | | CITY | | | |
| Assumption | | | | | |
| ENUMERATED WITH | | | | | |
| MADAME, FELICIE | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-661

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 4163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 5 | | 10 | 26 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assumption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lavardin Joe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18185-P01

| | | | | | |
|---|------------------|---|--|--|--------------------|
| L-163 | | NAME OF INDIVIDUAL
<i>Lenert Salvia</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>67</i> | BIRTHPLACE | | E.D.
<i>131</i> | SHEET
<i>19</i> |
| COUNTY
<i>Washington</i> | | CITY
<i>Bogalusa</i> | | | |
| ENUMERATED WITH
<i>Lenert Louis E</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNCOMB'D 1818-P41

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 27 | Italy | | 59 | 5 |
| COUNTY | | CITY | | | |
| Iberville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Austin | | W | 20 | Italy | |
| / Estella | | D | 2 | Italy | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-536 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 463 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 35 | Italy | | 66 | 39 |
| COUNTY | | CITY | | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 33 | Italy | |
| Charles | | S | 9 | | |
| Lucia | | D | 10 | | |
| Sunday | | S | 8 | | |
| Kosatin | | S | 6 | | |
| Martha | | D | 3 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|-----------------|---------|
| L 163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | La Soto |
| COUNTY | | CITY | | E.D. 72 SHEET 7 | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>B</u> </div> </div> | | | | | |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|------------|----------------|------------|------------|----------------|
| 5163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 46 | BIRTHPLACE | Lafayette, La. |
| COUNTY | Iberia | CITY | Jeanerette | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Marie | W | 31 | La. | |
| | Joseph | S | 14 | | |
| | Samuel Jr. | S | 13 | | |
| | Rose | D | 4 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 5 | BIRTHPLACE | E.D. 108 SHEET 17 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Palmer, Cleopha | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ad-son | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16106-P61

| | | | | | |
|-------------------------|----------|----------------|------------|------------|-----|
| 5/65 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 41 | E.D. | 102 |
| | | BIRTHPLACE | | SHEET | 10 |
| COUNTY | | | Terrebonne | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Justilia | w | 36 | | |
| | Ava | D | 20 | | |
| | Oriena | D | 17 | | |
| | Nada | D | 15 | | |
| | Isidore | S | 13 | | |
| | Louis | S | 8 | | |
| | Wiltz | S | 6 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------|-------------------|----------------|------------|
| Malvin | D | 4 | |
| Morris | S | 2 | |
| Karoma | D | $\frac{3}{12}$ | |
| | | | |
| | | | |
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and 1 B.

FORM 10-636a (4-20-61)
1910 CENSUS INDEX

FORM 10-634e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 1510-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 67 | BIRTHPLACE | Labarde Serres H. |
| COUNTY | | Avoyelles | | CITY | Manacura |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Della | | D | 14 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|----------------|
| L162 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | Labord, Shelby |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Emma | W | 26 | | | |
| Eliza | D | 10 | | | |
| Florence | D | 4 | | | |
| Rose | D | 2 | | | |
| Louis | D | 1 | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|----------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Labard Shelden |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mother | | W | 22 | | |
| Elicia R | | D | 5 | | |
| Annis M | | D | 3 | | |
| Willard | | S | 2 | | |
| Charles | | D | 1 1/2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| 8163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | |
| | | | | E.D. | 16 |
| | | | | SHEET | 12 |
| COUNTY | | | | | |
| Angelles | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 29 | | |
| Mercedes | | D | 10 | | |
| Eddie | | S | 5 | | |
| Emonil | | D | 7/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------|---|------|--|------|
| 4165 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | E.D. |
| COUNTY | Terrebonne | | CITY | | |
| ENUMERATED WITH | | Housma | | | |
| RELATIONSHIP TO ABOVE | | Leuron Jules | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18129-P81

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| W | | 26 | | | 17 |
| SHEET 13 | | | | | |
| COUNTY | | | CITY | | |
| Avoyelles | | | Grand Cote | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 20 | | |
| Lily | | D | 4 | | |
| Huston | | S | 3 | | |
| Daisy | | D | 4 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| 2/63 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 23 | Labarde, Sidney | | 14 | 15 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Rosa | | W | 19 | | |
| Pearl | | D | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|------------------|-----|------------|-----|
| 5115 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | E.D. | 135 |
| | | BIRTHPLACE | | SHEET 5 | |
| COUNTY | | West Baton Rouge | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 48 | | |
| Sidney Jr | | S | 20 | | |
| Beatrice | | D | 18 | | |
| Eulalie | | D | 15 | | |
| Julia | | D | 13 | | |
| Hilda | | D | 11 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|----------------|
| 4163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | LABORDE, Simon |
| COUNTY | | Avoyelles | | CITY | Grand Cotes |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Isrest | W | 27 | | | |
| Leonel | S | 17 | | | |
| Rose | D | 15 | | | |
| Robert | S | 11 | | | |
| Joseph H. | S | 9 | | | |
| Therise | S | 7 | | | |
| Alvine | D | 5 | | | |

FORM 16-636 (4-26-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUE Reborde Simon
OTHER MEMBERS OF FAMILY

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Mamie | D | 3 | |
| Adella | D | 3 | |
| | | | |
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FORM 18-636e (4-20-61)
1910 CENSUS INDEX

FORM 10-4360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15100-P61

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| L163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| B | 50 | Starmas | 64 | 3 |
| COUNTY | | CITY | | |
| De Soto | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rachel | W | 48 | | |
| Willie | S | 16 | | |
| Leroy | D | 12 | | |
| Rachel | D | 10 | | |
| Starmas Jr. | S | 8 | | |
| | | | | |
| | | | | |

FORM 10-434 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|--------------------------|------------|--------------------|
| 463 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
W | AGE
36 | NAME
Lafored, Stephen | | E.D. SHEET
47 5 |
| COUNTY
Lafourche | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelia | W | 29 | | |
| Alise | W | 12 | | |
| Arno | W | 11 | | |
| Helea | W | 9 | | |
| Coile | W | 6 | | |
| Ambrois | W | 1 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 31 | BIRTHPLACE | Stella |
| COUNTY | | Ascension | | CITY | Donaldsonville |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Frances Madelain | | M | 40 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | Laborde, Sylvest |
| COUNTY | | Avoyelles | | CITY | Nesmes |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marguerite | | W | 54 | | |
| Adelma | | S | 24 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------------|--------------------------------|--|--|
| L163 | NAME OF INDIVIDUAL
<i>Laborde, Sylvan</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE | E.D.
<i>1918</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lamartine, Joe</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>kind man</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>kind man</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>kind man</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1918 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| 1163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | BIRTHPLACE | Laborde, Indiana |
| COUNTY | | Aveyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Vobie | | W | 37 | | |
| Jaint | | D | 16 | | |
| Jones | | D | 13 | | |
| Murphy | | S | 11 | | |
| Flores | | D | 8 | | |
| Clarence | | S | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| L 163 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 21 | | 18 | 8 |
| COUNTY | | CITY | | |
| Avoyelles | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Olivia M | w | 20 | | |
| Maryaux Lily | girl | 3 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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FORM 10-430 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----------------------|
| 2-163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 26 | BIRTHPLACE | Laborde Feliciana La. |
| COUNTY | | Andover | | CITY | Mayenne |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bertha | | W | 25 | | |
| Jubal | | S | 1 | | |
| | | | | | |
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FORM 18-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--|------------|--|-------|
| 8163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 12 | | | 51 | 1 |
| COUNTY | | | CITY | | |
| | | | Plaquemine | | |
| ENUMERATED WITH | | | | | |
| M ^{rs} Kinney Eugene | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15195-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 245 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| mu | 55 | | | 51 | 5 |
| COUNTY | | CITY | | | |
| Plaquemine | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cheney Clarence | | m | 77 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------|------------|-----|
| L163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | E.O. | 141 |
| | | BIRTHPLACE | | SHEET 5 | |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 58 | | |
| | Rachel | D | 24 | | |
| | Theodore Jr. | S | 18 | | |
| | Stanley | S | 15 | | |
| | Mary | D | 12 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|------------------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 47 | BIRTHPLACE | Laporte Theodore |
| | | | | S.D. | 136 |
| | | | | SHEET | 1 |
| COUNTY | | | Vermillion | CITY | |
| | | | Abbeville | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Matel | W | 44 | | |
| | John | S | 23 | | |
| | Ador | S | 19 | | |
| | Arnar | D | 17 | | |
| | Theodore Jr. | S | 8 | | |
| | Larence | D | 4 | | |
| | Emite | D | 2 | | |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-6340 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LISCOMM-DC 15196-P01

| | | | | | |
|-------------------------|-----|--------------------|------|------------|-------|
| 2163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 25 | Laborde, Theophile | | 16 | 22 |
| COUNTY | | CITY | | | |
| | | Avoyelles | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eliza | | W | 24 | | |
| Linnay | | S | 5 | | |
| Linnus | | S | 4 | | |
| Ann | | D | 3 | | |
| Andre | | S | 9/12 | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----------|---|--------|
| L-163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 24 | E.D. | 131/19 |
| | | BIRTHPLACE | | SHEET | |
| COUNTY | | | CITY | | |
| Washington | | | Bogalusa | | |
| ENUMERATED WITH | | | | | |
| Lenert Louis E | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Si | |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WBCOMM-DC 18100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 56 | BIRTHPLACE | 49 |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Luis 21 | | W | 56 | | |
| Allen C | | S | 18 | | |
| Catherine | | D | 14 | | |
| Ellen Y | | D | 12 | | |
| George S | | S | 10 | | |
| 13 boarders | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 8165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 12m | 50 | | | 125 | 1 |
| COUNTY | | CITY | | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Louisa | W | 48 | | | |
| Jack | S | 23 | | | |
| Willie | S | 21 | | | |
| Cornekin | S | 19 | | | |
| Stella | S | 5 | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|----------------------------|---------------|------------------------------------|-----------|----------------|----------------|
| L163 | | HEAD OF FAMILY <i>Liberto Tony</i> | | LOUISIANA | |
| COLOR <i>W</i> | AGE <i>27</i> | BIRTHPLACE <i>Italy</i> | | E.D. <i>88</i> | SHEET <i>4</i> |
| COUNTY <i>Natchitoches</i> | | CITY <i>Robeline</i> | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Mary</i> | | <i>W</i> | <i>19</i> | <i>Italy</i> | |
| <i>Frances</i> | | <i>D</i> | <i>12</i> | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2163 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| bru | 35 | Laport, Trapped | 77 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. John the Baptist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oten, Thomas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P81

| | | | | | |
|---|---|--------------------|----|-----------|----|
| L163 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 74 | E.D. | 74 |
| | | BIRTHPLACE | 8 | | |
| COUNTY | | Lafayette | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input checked="" type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 465 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Lafourche, Wyo |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ellen | | W | 25 | | |
| Edmond | | S | 14 | | |
| Edna | | D | 3 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| L 164 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | Ward |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | W | 19 | | |
| Willie | | S | 4 | | |
| 3 boarders | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|-----|------------|----|
| 2167 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | BIRTHPLACE | |
| | | | | E.D. | 14 |
| | | | | SHEET | 16 |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Adelena | W | 47 | | |
| | Louise | S | 17 | | |
| | Edward | S | 14 | | |
| | Amalou | S | 12 | | |
| | Lucy | S | 10 | | |
| | Albert | S | 8 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|----------------|-----|------------|-----------------|
| L165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | mu | AGE | 56 | BIRTHPLACE | LaFrance Victor |
| | | | | E.D. | 51 |
| | | | | SHEET | 2 |
| COUNTY | | | | | |
| Plaquemine | | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Arelia | | W | 58 | | |
| Odile | | S | 31 | | |
| Antoine | | S | 24 | | |
| | | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|--------|
| 2165 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTH PLACE | Canada |
| COUNTY | | Plaquemines | | CITY | |
| ENUMERATED WITH | | Rudolph, Thomas | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P81

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 165 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 29 | | | 37 | 18 |
| COUNTY | | CITY | | | |
| | | La. urchia | | | |
| ENUMERATED WITH | | | | | |
| Babin Eugene | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S. | | | | | |

Form 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18186-P81

| | | | | | |
|---|----|---|---------------|--|--------|
| 6465 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | Mr | AGE | 12 | BIRTHPLACE | Victor |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Natchitoches | | |
| RELATIONSHIP TO ABOVE | | | Future Father | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P81

| | | | | | |
|-----------------------|---|--|----|------------|------------|
| 465 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 60 | BIRTHPLACE | Terrebonne |
| COUNTY | | CITY | | Houma | |
| ENUMERATED WITH | | Levron Jules | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 463 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Levert, Victorine | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lafourche | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Levert, Joseph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|---|------------------|---|--|--|--------------------|
| 4463 | | NAME OF INDIVIDUAL
<i>Levert</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>28</i> | BIRTHPLACE
<i>Villiana</i> | | E.D.
<i>47</i> | SHEET
<i>20</i> |
| COUNTY | | CITY | | | |
| ENUMERATED WITH
<i>Levert</i> | | <i>Lafourche</i> | | | |
| RELATIONSHIP TO ABOVE | | <i>Joseph</i> | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | | | |
|-------------------------|---|----------------|----|------------------|------|------------|-------|
| L163 | | HEAD OF FAMILY | | Le Fort, Wallace | | LOUISIANA | |
| COLOR | W | AGE | 25 | BIRTHPLACE | E.D. | | SHEET |
| | | | | | | 39 | 2 |
| COUNTY | | | | CITY | | | |
| | | | | Lafourche | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Cecile | | W | | 24 | | | |
| | | | | | | | |
| | | | | | | | |
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Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 30 | BIRTHPLACE | Lafayette Wallace |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Felicia | | W | 28 | | |
| Richard | | S | 8 | | |
| Theodore | | D | 8 | | |
| Wallace Jr. | | S | 4 | | |
| Wallace | | S | 4 | | |
| Louis | | S | 2 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|--------|------------|--------------------|
| L 163 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 65 | BIRTHPLACE | Le Fort, Wallace P |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | W | 52 | | |
| Augusta | | D | 32 | | |
| Amy | | D | 19 | | |
| Louise | | D | 12 | | |
| Beatrice | | D | 9 | | |
| Gaudet Eugene | | S | 26 | | |
| 1 Louis | | S | 10 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| 2165 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| W | | 30 | | 19 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 17 | |
| COUNTY | | CITY | | | |
| Iberia | | New Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laurie M | | W | 25 | | |
| Guthrie J | | S | 2 | | |
| Guthrie J | | S | 2 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|------------------|------------|------------|
| HEAD OF FAMILY | | E.O. | SHEET |
| 2163 | Lahorde Wayne E. | | 14 10 |
| COLOR | AGE | BIRTHPLACE | |
| W | 29 | | |
| COUNTY | Avoyelles | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Eva | W | 27 | |
| 1 Una | D | 6 | |
| 1 Hester | D | 5 | |
| | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|-------------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8165 | | NAME OF INDIVIDUAL | | Louise Wetherford | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 22 | Miss. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louise Wetherford | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15109-P61

LOUISIANA

| | | | | | |
|-------------------------|-----|------------------|-------|------------|-------|
| L163 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Laborde, Anthony | | 14 | 19 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 25 | | | | |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | L | 20 | | |
| Agatha | | L | 2 | | |
| Berdy | | L | 2 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|----------------------------|---|------------|-------------------|--------------------|
| L-163 | HEAD OF FAMILY
<i>Lahard Wallace</i> | | E.D.
<i>20</i> | SHEET
<i>17</i> |
| COLOR
<i>w</i> | AGE
<i>63</i> | BIRTHPLACE | | |
| COUNTY
<i>Avoyelles</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Onelia</i> | <i>w</i> | <i>45</i> | | |
| <i>Edgar</i> | <i>s</i> | <i>14</i> | | |
| <i>Edward</i> | <i>s</i> | <i>17</i> | | |
| <i>Maritade</i> | <i>s</i> | <i>15</i> | | |
| <i>Cecilia</i> | <i>s</i> | <i>11</i> | | |
| <i>unlabeled</i> | <i>s</i> | <i>5</i> | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|---|---|---------------------------|---------------------------|
| L63 | NAME OF INDIVIDUAL
<i>Leport, William</i> | | E.D.
<i>163</i> | SHEET
<i>19</i> |
| COLOR
<i>A</i> | AGE
<i>29</i> | BIRTHPLACE | | |
| COUNTY
<i>Vermillion</i> | | CITY
<i>Greysden</i> | | |
| ENUMERATED WITH
<i>Spencer, W.D.</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Hired</i> | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0144-DC 18129-P61

LOUISIANA

| | | | | | |
|-------------------------|-----|--------------------|------|------------|-------|
| * 16 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Loy Briles, Willie | | 73 | 25 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | | | CITY | | |
| Pointe Coupee | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lillie | | W | 38 | | |
| Halter | | S | 16 | | |
| Haynes | | S | 14 | | |
| Mafieda | | D | 12 | | |
| Berta | | D | 10 | | |
| Mary R | | D | 6 | | |
| Humphries, Effie | | SIL | 42 | | |

FORM 10-636 (1-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| 1 Dorothy | si | 16 | |
| | | | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMER 10100-101

LOUISIANA

| | | | | | |
|--|-----------|---|--|---|-------------|
| L165 | | NAME OF INDIVIDUAL
<i>Leveran Wilson</i> | | E.D.
102 | SHEET
22 |
| COLOR
B | AGE
13 | BIRTHPLACE | | | |
| COUNTY
Terrebonne | | CITY | | | |
| ENUMERATED WITH
<i>Leveran Albert</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

Form 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-PS1

| LOUISIANA | | | |
|-------------------------|--------------|----------------|------------|
| R163 | | HEAD OF FAMILY | E.D. SHEET |
| | | Leverst Zosier | 97 1 |
| COLOR | AGE | BIRTHPLACE | |
| W | 54 | | |
| COUNTY | | CITY | |
| St. Mary | | Morgan City | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Emma | D | 17 | |
| Annie | D | 21 | |
| | | | |
| | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | |
|-------------------------|--------------|----------------|------------|----------|
| L 165 | | HEAD OF FAMILY | E.O. 2 | SHEET 18 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 44 | | | |
| COUNTY | | CITY | | |
| Acadia | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ree | w | 38 | | |
| Joseph | s | 20 | | |
| Eldest d | | 13 | | |
| Edna d | | 1 | | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|---|--|--|------------|-------------|
| 465 | | NAME OF INDIVIDUAL
Labrame, Zalida | | E.D.
83 | SHEET
27 |
| COLOR
B | AGE
31 | BIRTHPLACE | | | |
| COUNTY
St. Mary | | CITY | | | |
| ENUMERATED WITH
Bohnomke, Aleck | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18182-P61

LOUISIANA

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| P163 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lahorde, Zora | | 14 | 18 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 86 | Avoyelles | | | |
| COUNTY | Avoyelles | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF

~~THE UNITED STATES OF AMERICA~~

MADE IN U.S.A.

| | | | | | |
|--|--|---|--------------------|---|-------------------|
| <i>L 20</i>
COLOR <i>White</i> | | NAME OF INDIVIDUAL
<i>Leach, NR</i> | | E.D.
<i>25</i> | SHEET
<i>4</i> |
| AGE
<i>21</i> | | BIRTHPLACE
<i>W. Va.</i> | | | |
| COUNTY
<i>W. Va.</i> | | | CITY
<i>...</i> | | |
| ENUMERATED WITH
<i>Hompson Obe</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

U.S. COMM-DC 18122-P-61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 5-200 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 30 | Turkey | 103 | 6 |
| COUNTY | | | Quachita | Monroe | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 F. | | W | 24 | Turkey | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|----------|----------------|-----|------------|-------|
| 7202 | | Lous. U. A. | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 47 | | | | |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Clara | W | 42 | | |
| | Lionel | S | 20 | | |
| | Lillian | D | 15 | | |
| | Clarence | S | 13 | | |
| | Cecil | S | 10 | | |
| | Alvin | S | 6 | | |
| | Peggy | S | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------|-------------------|-------|------------|
| 1 Elaine | D | 1 1/2 | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18188-P61

| | | | | | | | |
|--|--|--|--|---|--|-------------------|--|
| L-200
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>Lewis, A. C., Mrs.</i> | | LOUISIANA
E.D. <i>30</i> | | SHEET
<i>1</i> | |
| AGE
<i>NR</i> | | BIRTHPLACE
<i>KY</i> | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Kinder</i> | | | | | |
| ENUMERATED WITH
<i>Le Blanc, Chas.</i> | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
_____ | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18185-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 45 | Ala. | 89 | 2 |
| COUNTY | | | CITY | | |
| Rapides | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| M. M. | | W | 33 | | |
| Leon F. | | S | 14 | | |
| John H. | | S | 10 | | |
| Lily M. | | D | 8 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Wm | | 46 | | 69 | 5 |
| COUNTY | | | CITY | | |
| Lincoln | | | Ruston | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Miss | | - | 62 | | |
| Wm | | S | 72 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | |
|--|---|---|
| 200 | NAME OF INDIVIDUAL
Leah A. J. Reed | |
| COLOR
W | AGE
32 | BIRTHPLACE
120 9 |
| COUNTY
Tangipahoa | CITY
Hammond | |
| ENUMERATED WITH
Joyce Reed | | |
| RELATIONSHIP TO ABOVE | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
51 |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 24 | Ark | 27 | 14 |
| COUNTY | | | CITY | | |
| Clai borne | | | Homer | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Annie M. | | W | 19 | | |
| Clary H. | | S | 2 | | |
| | | | | | |
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FORM 16-434 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L-200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 36 | Lewis Anna | | 24 | 21 |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| George | | W | 35 | | |
| Arthur | | S | 14 | | |
| Bertha | | D | 13 | | |
| Jeff | | S | 12 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| COLOR <i>Black</i> | | NAME OF INDIVIDUAL <i>Lewis, Aaron</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE <i>5</i> | | BIRTHPLACE | | E.D. <i>85</i> | SHEET <i>1</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY <i>Calcasieu</i> | | | | CITY <i>Lake Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Wife, Julia</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-81

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mu | 37 | Do So | | 67 | 4 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Nettie | | w | 32 | | |
| Fuller Louisa B | | SD | 14 | | |
| | | | | | |
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FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| X200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 47 | BIRTHPLACE | Miss |
| | | | | E.O. | 146 |
| | | | | SHEET | 7 |
| COUNTY | | West Feliciana | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Sylvia | | w | 35 | Miss | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|-------|------------|------------------|
| 1200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 22 | BIRTHPLACE | E.D. 135 SHEET 9 |
| COUNTY | | | Union | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center; font-size: 1.5em;">H M</div> </div> </div> | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&MS-DC 18108-P01

DOCUMENT 1910-501

| | | | | | |
|-------------------------|-----------|----------------|------|------------|------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 45 | BIRTHPLACE | Miss |
| COUNTY | Lefourche | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | w | 26 | | |
| Ida | | D | 2 | | |
| Klerson | | Son | 23 | | |
| George | | B-S | 29 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| C200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 35 | | | 79 | 16 |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. L. L. | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Lewis Abe</i> | | LOUISIANA | |
| COLOR
<i>YB</i> | AGE
<i>15</i> | BIRTHPLACE | | E.D.
<i>41</i> | SHEET
<i>19</i> |
| COUNTY
<i>East Carroll</i> | | CITY | | | |
| ENUMERATED WITH
<i>Harrois Charlie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S.S.</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1810B-P61

| | | | | | |
|-------------------------|----------------|----------------|------|------------|--|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 39 | BIRTHPLACE | |
| COUNTY | East Feliciana | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 39 | | |
| Edward | | S | 18 | | |
| Louise | | D | 16 | | |
| John | | S | 14 | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | | | | 91 | 7 |
| COUNTY | | | CITY | | |
| Macpherson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Long | | W | 20 | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 16 | BIRTHPLACE | |
| | | COUNTY | | CITY | |
| | | Avoyelles | | | |
| ENUMERATED WITH | | | | | |
| Day Nettie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18129-P61

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 46 | | | 103 | 18 |
| COUNTY | | CITY | | | |
| St. Landry | | Bellefleur | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Mary | W | 40 | | |
| 1 | Virginia | SD | 21 | | |
| 1 | Rosa | SD | 18 | | |
| | | | | | |
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FORM 18-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------|------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 29 | BIRTHPLACE | |
| COUNTY | Concordia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pessline | | W | 21 | | |
| Lacy | | S | 5 | | |
| M. L. L. L. | | E | 1 | | |
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FORM 18-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 22 | Cotton | | 11 | 9 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Halls | | W | 18 | | |
| Halls | | P | 5/12 | | |
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FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-------|--------------------|------|-----------|-------|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mex | 4 1/2 | Linda, Ahores | | 59 | 4 |
| COUNTY | | | CITY | | |
| Caddo | | | | | |
| ENUMERATED WITH | | | | | |
| Linda, Almira | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-437 (10-30-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P-61

| | | | | |
|-------------------------|----------------|----------------------|-----------|------------|
| 6200 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
B | AGE | BIRTHPLACE | | E.D. SHEET |
| | 61 | St. John the Baptist | | 78 16 |
| COUNTY | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Sophie | | W | 28 | |
| Clovina | | A | 6 | |
| Abraham Jr. | | S | 4 | |
| Clusaly | | A | 3 | |
| Clarence | | S | 2 | |
| | | | | |
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FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|---------------|-----------|------------|
| L200 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| B | 59 | Levin Abraham | | 90 7 |
| COUNTY | | CITY | | |
| St. Mary | | Franklin | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Levin | | W | 52 | |
| Abraham | | S | 27 | |
| Ray | | S | 20 | |
| Lettie | | D | 16 | |
| Maudie | | D | 13 | |
| | | | | |
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FORM 18-636 (6-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 30 | BIRTHPLACE | Louis, Abraham |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Permellar | | u | 28 | | |
| Theodore | | bro | 19 | | |
| Theophile | | bro | 19 | | |
| | | | | | |
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FORM 16-636 (4-20-07)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| B | | 36 | | 59 | 11 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Bernard | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | w | 38 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|----|----------------|----|--------------|-------|------------|-----|
| 200 | | HEAD OF FAMILY | | Louis Abram | | LOUISIANA | |
| COLOR | Mr | AGE | 30 | BIRTHPLACE | | E.D. | 107 |
| | | | | | | SHEET | 2 |
| COUNTY | | | | Ouachita | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Charlot | | | | W | 26 | | |
| Fryell | | | | S | 7 | | |
| Edgar | | | | S | 6 | | |
| Avenia | | | | S | 4 | | |
| Cara | | | | S | 2 | | |
| Charlin | | | | S | 5 1/2 | | |
| Smith Ford | | | | C | 14 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|-----------------|--------------|------------|-------|
| L 200 | | HEAD OF FAMILY. | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 38 | | 36 | 10 |
| COUNTY | | | CITY | | |
| Calcasieu | | | Lake Charles | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Alice | | W | 41 | | |
| Gray Gas | | S | 19 | | |
| 2 1 boarder | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| B | 60 | Miss | | 59 | 2 |
| COUNTY | | | CITY | | |
| Caddo | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mariah | | W | 59 | Tex | |
| Hattie | | D | 20 | | |
| Sarah | | D | 18 | | |
| Bell, Burton | | Lo | 14 | Tex | |
| Bell, Charity | | Singl | 27 | | |
| Patterson, Willie | | Hi | 4 | | |
| Bell, Bennie | | W | 2 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|----------------------|------------|------------|
| L 200 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
B. | AGE
49 | NAME
Louis, Achel | | SHEET
3 |
| COUNTY
Assumption | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | w | 40 | | |
| Ida | d | 14 | | |
| Edward | s | 9 | | |
| Junius | s | 8 | | |
| Ivory | s | 7 | | |
| Clarence | s | 4 | | |
| Alfred | s | 2 1/2 | | |

FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1950-1951 10190-101

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| tan | 8 | | | 117 | 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Joseph Johnson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

| | | | | | |
|--|---|---|---|--|-----|
| 220 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 2 | BIRTHPLACE | Ada |
| COUNTY | | Clai borne | | CITY | |
| ENUMERATED WITH | | | | | |
| Petty Elbert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
d | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18188-P81

| | | | | | |
|--|---|---|------------|---|-----------------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 2 | BIRTHPLACE | E.O. 17 SHEET 8 |
| COUNTY | | | Clai borne | CITY | |
| ENUMERATED WITH | | | | | |
| Adkins Wash St. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDOW
<input type="checkbox"/> WIFE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |
| <div style="text-align: right;"> <i>Ed. Dyl.</i> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-PC1

| | | | | | |
|---|---|--------------------|---|------------|---------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 5 | BIRTHPLACE | Adaline |
| COUNTY | | Do Soto | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-PC1

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 62 | Ma | | 119 | 18 |
| COUNTY | | CITY | | | |
| Webster | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Alphene | | D | 22 | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L-200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 60 | Ga | | 118 | 2 |
| COUNTY | | | CITY | | |
| Webster | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leathia A | | M | 75 | Ga | |
| Amarande | | D | 30 | | |
| Maty C | | D | 13 | | |
| Georgia L | | D | 24 | | |
| Lethia C | | D | 21 | | |
| Leve | | D S | 2 | | |
| Horard | | D S | 3 | | |

FORM 10636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|-----|------------|
| Belia May | D | 16 | |
| Mal Edwrick | S | 14 | |
| John Walter | S | 12 | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15100-P61

| | | | | | |
|-------------------------|--|----------------|-------|------------|--|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| B | | 42 | | 49 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 4 | |
| COUNTY | | | | CITY | |
| Plaquemines | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Septina | | W | 35 | | |
| Lena | | D | 25 | | |
| Paula | | S | 12 | | |
| Walter | | S | 8 | | |
| Lillian | | S | 6 | | |
| Mack | | S | 1 1/2 | | |

FORM 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------|--|--|--|------------|
| L200 | | NAME OF INDIVIDUAL
Lewis Adam | | LOUISIANA | |
| COLOR
B | AGE
13 | BIRTHPLACE | | E.D.
101 | SHEET
6 |
| COUNTY
Terrebonne | | CITY | | | |
| ENUMERATED WITH
Lucky James | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (10-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&A-DC 10100-P61

| | | | | | | | |
|-------------------------|----------|----------------|-----------|-------------------|------|-----------|-------|
| <i>Locke</i> | | HEAD OF FAMILY | | <i>Locke Adam</i> | | LOUISIANA | |
| COLOR | <i>B</i> | AGE | <i>42</i> | BIRTHPLACE | E.D. | | SHEET |
| | | | | <i>51</i> | | <i>26</i> | |
| COUNTY | | | | CITY | | | |
| <i>Theriot</i> | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| <i>Loretta</i> | | <i>W</i> | <i>27</i> | | | | |
| <i>Lucien</i> | | <i>D</i> | <i>14</i> | | | | |
| <i>Benjamin</i> | | <i>S</i> | <i>11</i> | | | | |
| <i>Adam Jr</i> | | <i>S</i> | <i>9</i> | | | | |
| <i>Lewis</i> | | <i>S</i> | <i>7</i> | | | | |
| <i>Francis</i> | | <i>D</i> | <i>5</i> | | | | |
| | | | | | | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|-----|-------------|-------|
| L200 | | HEAD OF FAMILY | | Louis Adam | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | SHEET |
| B | | 45 | | | | 24 | 12 |
| COUNTY | | | | Iberia | | CITY | |
| | | | | | | Hamersville | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Alice | | | | W | 44 | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 45 | | 8 | 21 |
| COUNTY | | | Acension | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| May | | W | 37 | | |
| Edward | | S | 10 | | |
| Ernestine | | D | 8 | | |
| Theodore | | S | 5 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------|
| R 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 30 | BIRTHPLACE | |
| COUNTY | | Concordia | | CITY | Vidalia |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Rebecca Rice | | W | 30 | | |
| Katie | | Da | 15 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|---|-----|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 6 | BIRTHPLACE | 1 4 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| 2200 | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCENS-OC 10100-P01

| | | | | | |
|-------------------------|----|----------------|-----|------------|---|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 13 | AGE | 54 | E.D. | 3 |
| | | BIRTHPLACE | | SHEET 8 | |
| COUNTY | | Bienville | | CITY | |
| | | | | Lafayette | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 47 | | |
| Ritchie | | D | 27 | | |
| Carter Emie M. | | D | 22 | | |
| Lewis Phillip | | S | 19 | | |
| Viola | | D | 17 | | |
| Charles | | S | 13 | | |
| William O. | | S | 11 | | |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------|--------------|-----|------------|
| 1 Maggie | D | 6 | |
| Chattie | D | 4 | |
| Carter Jesse | S.L. | 25 | Fla. |
| 4/1 lodger | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18199-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L-200 | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
18 | BIRTHPLACE
Louisiana | | E.D.
10 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Acadia | | CITY
Crowley | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Clark Frank | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18128-P61

| | | | | | |
|-------------------------|--------------|----------------------|------------|-----------|-------|
| 9202 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 25 | | | 80 | 21 |
| COUNTY | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Henry | D | 25 | | | |
| John | S | 23 | | | |
| Arthur | S | 14 | | | |
| Robert | S | 16 | | | |
| | | | | | |
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Form 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| 12 | | 41 | | 15-3 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 32 | |
| COUNTY | | | | CITY | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizer | | W | 33 | | |
| L. John | | S | 18 | | |
| Harvey | | S | 16 | | |
| Isaac | | S | 14 | | |
| Celestia | | D | 12 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------|
| L 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 50 | BIRTHPLACE | Lewis, Adam |
| COUNTY | | St James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ailie | | W | 44 | | |
| Banks Julia | | sd | 20 | | |
| / Cornelius | | sd | 16 | | |
| / Edna | | sd | 10 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L 202 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 52 | | | 69 | 12 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Louise | | W | 49 | | |
| Marie Irene | | d | 6 | | |
| Marie Luella | | d | 4 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|-----------------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 17 | BIRTHPLACE | E.D. 59 SHEET 1 |
| COUNTY | | Iberville | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&MS-DC 1910B-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|----|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 46 | E.D. | 99 |
| | | BIRTHPLACE | | SHEET | 7 |
| COUNTY | | | CITY | | |
| Red River | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Loring | | W | 48 | | |
| Mary Gernery | | S | 21 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|--|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 19 | | 30 | 5 |
| COUNTY | | | CITY | | |
| Caddo | | | | | |
| ENUMERATED WITH | | | | | |
| Lewis Jackson S | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S-D | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-4-DC 1910B-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 40 | | 91 | 18 |
| COUNTY | | | CITY | | |
| Natchitoches | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Joseph | | 5 | 5 | | |
| | | | | | |
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FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 700 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 60 | | 13 | 2 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Prosper | | S | 43 | | |
| | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--|------|---|-----------------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 57 | BIRTHPLACE | E.D. 41 SHEET 5 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | | | | |
| John B | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NICE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDATE
<input type="checkbox"/> WIFE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-67)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1970-P01

| | | | | | |
|--|-----|---|--|--|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Louise Adella | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 33 | | | | |
| COUNTY | | CITY | | | |
| | | St. James | | | |
| ENUMERATED WITH | | James Filorant | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> TENANT
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lege Adian | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 29 | | | | |
| COUNTY | | CITY | | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lege | W | 29 | | | |
| Carrie | S | 8 | | | |
| Warrington | S | 6 | | | |
| Etelina | D | 4 | | | |
| Estell | D | 2 | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------|-------------|-------------|---------------------------------|--|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis Adici</i> | | E.D.
112 | SHEET
15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>8</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Tangipahoa</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis William J.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 19-617 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | | | |
|---|-----|---|------|--|--|
| 5200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Luse Admiera | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 63 2 | |
| B | 10 | | | | |
| 12 | | | | | |
| COUNTY | | | CITY | | |
| St. Charles | | | | | |
| ENUMERATED WITH | | | | | |
| Gold Martha | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | |
|-------------------------|----------------|-------------|------------|------|
| L200 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| B | 45 | Lewis Adolf | | 9 |
| COUNTY | CITY | | SHEET | |
| Assumption | | | 1 | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Felice | W | 40 | | |
| Joseph | S | 22 | | |
| Richard | S | 19 | | |
| Clara | S | 17 | | |
| Adolf | S | 16 | | |
| Isaac | S | 15 | | |
| Lizzie | D | 12 | | |

FORM 16-436 (10-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L200

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Viola | D | 10 | |
| Matthi | D | 8 | |
| Malvina | D | 6 | |
| | | | |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|------------------|
| R 302 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 25 | BIRTHPLACE | Lewis, Adolph J. |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Estelle | | W | 23 | | |
| Day, Aaron | | BL | 25 | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| 7 | | HEAD OF FAMILY | | LOUISIANA | |
| 5700 | | Lewis, Adolph | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 29 | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Duckie | | W | 24 | | |
| Clarence | | S | 3 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|-----|------------------|--------------|------|------------|-------|--|
| L200 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| | | Levesque, Adolph | | 15 | | 3 | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| W | 30 | | | | | | |
| COUNTY | | | St. Charles | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Laine | | | W | 32 | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | LOUIS, ADON | | 5 | 32 |
| COLOR | AGE | BIRTHPLACE | | | |
| 0 | 42 | | | | |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mathy | | W | 41 | | |
| Ada | | D | 22 | | |
| Ophelia | | D | 20 | | |
| Margaret | | D | 18 | | |
| Mabel | | D | 16 | | |
| Lumia | | S | 14 | | |
| Cecile | | D | 11 | | |

FORM 70-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------------|--------------|----------|------------|
| / <i>A. Lian</i> | <i>S</i> | <i>9</i> | |
| <i>Morris</i> | <i>S</i> | <i>7</i> | |
| <i>Pierre</i> | <i>S</i> | <i>4</i> | |
| | | | |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

LOUISIANA

| | | | |
|--|---|---|--------------------|
| NAME OF INDIVIDUAL
<i>Leo S. Aaron</i> | | E D.
<i>11</i> | SHEET
<i>13</i> |
| COLOR
<i>B</i> | AGE
<i>35</i> | BIRTHPLACE | |
| COUNTY
<i>Bienville</i> | | CITY | |
| ENUMERATED WITH
<i>Boyfester, Aaron</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SSJ</i> | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P01

| LOUISIANA | | | | | |
|-------------------------|-----|----------------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Laurie, Adeline | | 81 | 4 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 35 | | | | |
| COUNTY | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Elizabeth | | W | 34 | | |
| Bradford, John | | SS | 17 | | |
| Laurie, William | | D | 7 | | |
| 1 Henry | | S | 4 | | |
| 1 Julia | | D | 3 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|----------------|--------------|--------------|------------|--|
| | | | E.D. | SHEET | |
| L-200 | HEAD OF FAMILY | | Lash, Adrian | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | Holland | | | |
| COUNTY | Acadia | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Herbert Mike | | se | 50 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|---------------------------|--|--|---|------------|
| 6200 | | NAME OF INDIVIDUAL
<i>Louis Gibson</i> | | E.D.
98 | SHEET
4 |
| COLOR
<i>B</i> | AGE
<i>16</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Tammany</i> | CITY
<i>Greenville</i> | | | | |
| ENUMERATED WITH
<i>Louis Charlie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
_____ | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16106-P61

LOUISIANA

| | | | | | |
|---|----------|---|------|---|------------|
| L200 | | NAME OF INDIVIDUAL
Lewis A. Jones | | E.D.
78 | SHEET
1 |
| COLOR
B | AGE
2 | BIRTHPLACE | | | |
| COUNTY
Natchitoches | | | CITY | | |
| ENUMERATED WITH
Lewis Jones | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16188-P61

LOUISIANA

| | | | | | |
|--|--|---|--|---|--------------------|
| <i>200</i>
COLOR <i>B</i> | | NAME OF INDIVIDUAL
<i>Lucy Agene</i> | | E.D.
<i>84</i> | SHEET
<i>16</i> |
| AGE
<i>13</i> | | BIRTHPLACE
<i>Madison</i> | | | |
| COUNTY
<i>Madison</i> | | CITY
<i>Madison</i> | | | |
| ENUMERATED WITH
<i>Hassaway Hassibal</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>AdS</i> | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18700-P01

LOUISIANA

| | | | | | |
|--|------------------|---|--------------------------|---|--------------------|
| 2200 | | NAME OF INDIVIDUAL
<i>Lewis, Agnes</i> | | ED
<i>70</i> | SHEET
<i>79</i> |
| COLOR
<i>B</i> | AGE
<i>18</i> | BIRTHPLACE | | | |
| COUNTY | | | CITY
<i>Lafayette</i> | | |
| ENUMERATED WITH
<i>Edmond, Cecile</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>DS</i> | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-101

LOUISIANA

| | | | | | |
|--|-----------|--|--|--|------------|
| L200 | | NAME OF INDIVIDUAL
Lewis Annie | | E.O.
125 | SHEET
9 |
| COLOR
B | AGE
20 | BIRTHPLACE | | | |
| COUNTY
St. Martin | | CITY | | | |
| ENUMERATED WITH
Michel Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INSATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 200
NAME OF INDIVIDUAL
<i>Lewis Alaine</i> | | E.D.
106 | SHEET
17 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
2 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
St. Landry | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Prince Numa</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

PRODUCT OF

Hamington Hand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
BRANCHED EVERYWHERE

Soundex
QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | i | m | y |
|-----|-----|-----|-----|-----|-----|
| 400 | 300 | 300 | 400 | 500 | 600 |

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lewis Albert</i> | | E.O.
<i>113</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>32</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Richland</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Brown Alice</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-537 (4-29-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16199-P61

| LOUISIANA | | | |
|-------------------------|----------------|---------------|-----------------|
| Law | HEAD OF FAMILY | Lacy Albert | E.D. 97 SHEET 9 |
| COLOR 13 | AGE 63 | BIRTHPLACE SC | |
| COUNTY Red River | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Loring Elora | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----------|---|--|--|-------------|
| 2200 | | NAME OF INDIVIDUAL
<i>Louis Albert</i> | | E.O.
6 | SHEET
12 |
| COLOR
<i>B</i> | AGE
12 | BIRTHPLACE | | | |
| COUNTY
<i>Ascension</i> | | CITY
<i>Ronaldenville</i> | | | |
| ENUMERATED WITH
<i>Wells Alfred</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>step son</i> | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10190-P01

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.D. | SHEET | | |
| 200 | 132 | 42 | |
| COLOR | AGE | BIRTHPLACE | |
| Mu | 34 | | |
| COUNTY | St. Martin | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Helen | W | 30 | |
| Adel | S | 8 | |
| Albert Jr. | S | 6 | |
| Elenore | S | 5 | |
| Kenedy | S | 3 | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|----------------|--------------|-----|------------|-------|
| L200 | HEAD OF FAMILY | | | E.D. | SHEET |
| | Lacy, Albert | | | 98 | 8 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 31 | | | | |
| COUNTY | | CITY | | | |
| St. Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Flora | | w | 19 | | |
| / Laura | | m | 44 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|------------|--------------|-------|
| HEAD OF FAMILY | | E.O. | SHEET |
| Lewis Albert Sr | | 106 | 24 |
| COLOR | AGE | BIRTHPLACE | |
| D | 45 | | |
| COUNTY | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| Ophelia W | | | 44 |
| Albert Jr | | | 18 |
| Eugene | | | 16 |
| | | | |
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FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 2200 | NAME OF INDIVIDUAL
<i>Lewis Albert</i> | | E.O.
<i>22</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>13</i> | AGE
<i>15</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Clai borne</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Petty Albert</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>55</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>55</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>55</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18188-P61

| LOUISIANA | | | |
|----------------------------|--|-----------------------------|---------------------|
| L 200 | HEAD OF FAMILY
<i>Lewis, Albert</i> | | E.O. 32
SHEET 10 |
| COLOR
<i>B</i> | AGE
<i>20</i> | BIRTHPLACE
<i>Missi.</i> | |
| COUNTY
<i>Concordia</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>W. C. Mullins</i> | <i>Wife</i> | | |
| | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|
| L 200 | | HEAD OF FAMILY | E.O. SHEET |
| Lewis, Albert, Sr. | | 59 | 1 |
| COLOR | AGE | BIRTHPLACE | |
| B | 39 | Tex | |
| COUNTY | | CITY | |
| Caddo | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Chalott | W | 29 | |
| Matey | D | 13 | |
| Rachel | S M | 88 | Wa |
| Bell, Cheryl | S M | 24 | |
| | | | |
| | | | |
| | | | |

LOUISIANA

| | | | |
|---|--|---|-------------------|
| NAME OF INDIVIDUAL
<i>Louis Albert</i> | | E.O.
<i>3</i> | SHEET
<i>9</i> |
| COLOR
<i>B</i> | AGE
<i>11</i> | BIRTHPLACE | |
| COUNTY
<i>Assumption</i> | | CITY | |
| ENUMERATED WITH
<i>Leite Casamira</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> DOCTOR | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>son</i> | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

U.S. GOVERNMENT PRINTING OFFICE

| LOUISIANA | | | | |
|-------------------------|----------------|--------------|------|------------|
| L200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Luke Alfred | | 51 | 11 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 35 | | | |
| COUNTY | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Living alone | | | | |
| | | | | |
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FORM 16-536 (6-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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|---|--|---|------|------------|------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Louis Albert</i> | | E.D.
63 | SHEET
7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>14</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Livingston</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Hancock James</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USC&MS-DC 18185-P61

| | | | | LOUISIANA | |
|-------------------------|-----|----------------|------|------------|-------|
| L 200 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Living Albert | | 25 | 2 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 78 | La. | | | |
| COUNTY | | | CITY | | |
| Madison | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 16-436 (4-20-41)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|--------------|-------|
| 520 | HEAD OF FAMILY | E.D. | SHEET |
| | Lewis, Albert | 73 | 19 |
| COLOR | AGE | BIRTHPLACE | |
| B | 31 | St. James | |
| COUNTY | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| 8 1 Se. | | | |
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|-------------------------|-----------------------------|-----|------------|
| LOUISIANA | | | |
| L200 | HEAD OF FAMILY Lewis Albert | | |
| E.D. 113 | SHEET 4 | | |
| COLOR W | AGE 28 | | |
| BIRTHPLACE | | | |
| COUNTY Richland | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Minnie | W | 22 | |
| A. G. | S | 2 | |
| Wm | S | 1/2 | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----------|---|--|--|-------------|
| 2200 | | NAME OF INDIVIDUAL
<i>Louis Albert</i> | | E.D.
82 | SHEET
18 |
| COLOR
<i>B</i> | AGE
11 | BIRTHPLACE | | | |
| COUNTY
<i>Natchitoches</i> | | CITY | | | |
| ENUMERATED WITH
<i>Mrs. William Jr</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>C</i> | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18199-P41

| | | LOUISIANA | |
|-------------------------|----------------|--------------|----------------|
| 2200 | HEAD OF FAMILY | | E.O. SHEET |
| | James Albert | | 86 5 |
| COLOR | AGE | BIRTHPLACE | |
| 5 | 73 | | |
| COUNTY | Rapides | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE BIRTHPLACE |
| / Harriet | | w | 19 |
| / Isaac | | s | 18 |
| | | | |
| | | | |
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FORM 10-436 14-20-611

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------|----------------|-----|------------|-------|
| 2200 | | Rouse, Albert | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 45 | | | | |
| COUNTY | | CITY | | | |
| Pointe Coupee | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Fannie | W | 42 | | |
| | Isabel | S | " | | |
| | Fannie | D | 7 | | |
| Isabel | Wife | G.S. | 2 | | |
| 1 | Sam | G.S. | 1 | | |
| | | | | | |
| | | | | | |

Form 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|---------------------------|---|--------------------|--------------------|
| NAME
<i>Law</i> | HEAD OF FAMILY
<i>Lawson, Albert</i> | E.D.
<i>104</i> | SHEET
<i>30</i> |
| COLOR
<i>B</i> | AGE
<i>29</i> | BIRTHPLACE | |
| COUNTY
<i>Ouachita</i> | CITY
<i>Monroe</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Ollie</i> | <i>W</i> | <i>22</i> | |
| <i>Thomas, Nettie</i> | <i>SL</i> | <i>19</i> | |
| | | | |
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FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|-----------------------------|---|----------------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Louise Albert</i> | | LOUISIANA | |
| COLOR
<i>B</i> | | AGE
<i>19</i> | BIRTHPLACE | | E.D. SHEET
<i>80 10</i> |
| COUNTY
<i>Natchitoches</i> | | | CITY
<i>Natchitoches</i> | | |
| ENUMERATED WITH
<i>Roberson Hattie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WORKER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18169-P61

| | | | | | |
|--|----------|---|------|--|--|
| <i>L 200</i> | | NAME OF INDIVIDUAL | | LOUISIANA | |
| <i>Louis, Albert</i> | | C.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>B</i> | <i>6</i> | <i>Iberville</i> | | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| <i>Helton, William</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<i>S</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15105-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lush Albert | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 43 | | | | |
| COUNTY | | West Carroll | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maggie | | W | 37 | | |
| Albert | | S | 20 | | |
| Jessie | | S | 16 | | |
| James | | S | 13 | | |
| Velta | | D | 12 | | |
| Thomas | | D | 6 | | |
| Matthie | | D | 4 | | |

FORM 16-636 (4-30-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| L200 | | L200 | | L200 | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 15 | | | 40 | 20 |
| COUNTY | | CITY | | | |
| Enumerated with | | Stephen | | Mealie | |
| Relationship to above | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
5 | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

| | | | | | |
|--|--|--------------------|--|-----------|-------|
| 1200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 15 | | 40 | 20 |
| COUNTY | | BIRTHPLACE | | | |
| | | East Carroll | | CITY | |
| ENUMERATED WITH | | | | | |
| Barb Malheur | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1818B-P81

L200

| | | | | | |
|--|-----|---|--|---|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Louis, Albert | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 24 | | | | |
| COUNTY | | CITY | | | |
| | | Vernon | | Fullerton | |
| ENUMERATED WITH | | | | | |
| Banda, Joe | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> ROOMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0000-DC 10100-P01

| | | | | |
|-------------------------|----------------|-----------------------|-----------|--------------------|
| 2200 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
B | AGE
30 | NAME
Lewis, Albert | | E.D. SHEET
74 6 |
| COUNTY
Lafayette | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE |
| Elbe | | W | 27 | |
| Wend | | S | 9 | |
| Thomas | | S | 7 | |
| George | | S | 5 | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|----------------|---|------|---|------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lacey Albert | | E.D. | | SHEET | |
| COLOR | 13 | AGE | 4 | BIRTHPLACE | Miss |
| COUNTY | West Feliciana | | CITY | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |
| | | | | 35 | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCENS-DC 18100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------|-----------|----|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louis Albert B | | ED. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 87 | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rapidan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moore William J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCORN-NC 16106-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 31 | | 87 | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rapides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moore, William J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

| | | | | | | |
|-------------------------|--|--------------------------------|-----|-----------------------|--|----------|
| 2200
COLOR | | HEAD OF FAMILY
Louis Martin | | LOUISIANA
E.D. 129 | | SHEET 18 |
| 24
AGE | | BIRTHPLACE | | | | |
| COUNTY | | | | | | |
| St. Martin | | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lucina | | w | 63 | | | |
| Therapoy | | S | NR | | | |
| Marie | | S | NR | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|-------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E. D. SHEET |
| W | 37 | Louisiana | 149 4 |
| COUNTY | | CITY | |
| Vernon | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Louise E | W | 39 | |
| William R | D | 17 | |
| John E | S | 15 | |
| William L | D | 12 | |
| Lina R | D | 9 | |
| Samuel A | D | 7 | |
| George L | D | 24 | |

FORM 10-536 (10-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 18-6360 10-20-61

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC OASD-DC 15100-P01

| | | | | | |
|-------------------------|-----|-----------------|-----|------------|-------|
| 1202 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.O. | SHEET |
| W | 50 | James Alfred 2d | | 59 | 24 |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice C | | W | 52 | | |
| Alfred 2d | | S | 17 | | |
| Mary C | | D | 13 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|---|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| Mhu | | 50 | Ala | 86 | 7 |
| COUNTY | | | CITY | | |
| Natchitoches | | | | | |
| ENUMERATED WITH | | | | | |
| Luke, Julia | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDOW
<input type="checkbox"/> WIFE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> DOMESTIC
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 23 | | | 40 | 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L201 (Affix) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Behannah Jerry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|--------------------|--|-----------|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| White | | 6 | | 105 | 27 |
| COUNTY | | BIRTHPLACE | | | |
| Terrebonne | | | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61

| | | | | | | | |
|-------------------------|----|----------------|-----|-------------|--|-----------|-------|
| L 200 | | HEAD OF FAMILY | | Louis Alcee | | LOUISIANA | |
| COLOR | mu | AGE | 36 | BIRTHPLACE | | E.D. | SHEET |
| | | | | | | 71 | 34 |
| COUNTY | | | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Therese | | W | 30 | | | | |
| Howard | | S | 5 | | | | |
| Alcide | | S | 3 | | | | |
| Christina | | D | 11 | | | | |
| Julian | | D | 2 | | | | |
| Lenny | | brother | 7 | | | | |
| Clifton | | brother | 15 | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----|------------|
| Louis Hyacinthe | D | 2 | |
| / Rose Anna | D | 12 | |
| Roseville | S | 12 | |
| | | | |
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FORM 10-636e (4-20-61)
1910 CENSUS INDEX

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|-----------------|--------------|------------|-----------|
| <i>L200</i> | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| <i>W</i> | | <i>28</i> | | | <i>67</i> |
| COUNTY | | CITY | | SHEET | |
| | | <i>St. Jan.</i> | | <i>15</i> | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Cecile</i> | | <i>W</i> | <i>23</i> | | |
| <i>Spence</i> | | <i>S</i> | <i>4</i> | | |
| <i>Adolph</i> | | <i>S</i> | <i>2</i> | | |
| <i>Clay</i> | | <i>S</i> | <i>1 1/2</i> | | |
| | | | | | |
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FORM 16-436 (6-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| 0-200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 36 | BIRTHPLACE | Lucas, Alsace |
| COUNTY | | | | E.D. | SHEET |
| Tartemans | | | | 105 | 2 |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 32 | | |
| Franklin H | | S | 17 | | |
| Sylvester | | S | 16 | | |
| Berget | | D | 13 | | |
| Lillian | | D | 10 | | |
| Nora | | D | 8 | | |
| Ozelie | | D | 3 | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------------------|-----------|-------------------|
| 4200 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR 70 | AGE 37 | BIRTHPLACE Lewis Alade | | E.D. 704 SHEET 13 |
| COUNTY | | St. Landry | | |
| | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Cecilia | | W | 34 | |
| Hypace | | S | 17 | |
| A. Loyd | | S | 13 | |
| Leonard | | S | 11 | |
| Ashton | | S | 6 | |
| Alexander | | S | 4 | |
| Alta | | D | 3 | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED DC 1510-001

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 27 | | | 101 | 6 |
| COUNTY | | CITY | | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. Alcide | | W | 20 | | |
| M. Alcide | | S | 2 | | |
| L. Alcide | | S | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 13 | Zanis, Alcide | | 10, | 18 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;"> <u>Son</u> </div> </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 30 | BIRTHPLACE | Alcide |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. Celestine | | W | 24 | | |
| Francis Edmonia | | SD | 2 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| B | | 30 | | | 23 |
| COUNTY | | CITY | | SHEET | |
| Avoyelles | | Plauscheville | | 3 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sallie | | w | 26 | | |
| Chaptin | | S | 5 | | |
| Florida | | D | 3 | | |
| Jessa | | S | 6 1/2 | | |
| Caroline | | M | 75 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| 8 | | 38 | | 162 | 21 |
| COUNTY | | | CITY | | |
| St. Landry | | | Columbus | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cora | | w | 38 | | |
| Leonard | | 1 | 8 | | |
| Theresa | | h | 6 | | |
| Lola | | h | 5 | | |
| Marie | | h | 2 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|------------|-----------|-------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 19 | | 127 | 5 |
| COUNTY | | | CITY | | |
| ST. Martin | | | | | |
| ENUMERATED WITH | | | | | |
| Burgess Lee | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

Form 10-437 (4-26-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 10100-P01

| | | | | | |
|-------------------------|--|----------------|------|------------|--|
| 7200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | |
| B | | 23 | | 49 | |
| | | BIRTHPLACE | | SHEET | |
| | | | | 11 | |
| COUNTY | | | CITY | | |
| Plaquemine | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lewis alone | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----------------|---|--|--|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Levee Alton</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>2</i> | BIRTHPLACE | | E.D.
<i>92</i> | SHEET
<i>14</i> |
| COUNTY
<i>Rapides</i> | | CITY | | | |
| ENUMERATED WITH
<i>Edward William</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCORA-NC 18100-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 49 | BIRTHPLACE | Alex |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Albertine | | W | 40 | | |
| Eline | | D | 21 | | |
| Colastie | | D | 20 | | |
| Armauld | | S | 18 | | |
| Edwin | | S | 13 | | |
| Clementine | | D | 10 | | |
| Paul | | S | 8 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Edwan | S | 6 | |
| Theodore | S | 4 | |
| Vonhies | S | 2 | |
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10-636-10-20-8

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-20 1898-1911

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mu | 60 | | | 137 | 17 |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 John | | S | 21 | | |
| 1 Nettie | | D | 18 | | |
| 4 1 Se | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|------|------------|------------------|
| 7200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 3/29 | BIRTHPLACE | E.D. 140 SHEET 3 |
| COUNTY | | Baton Rouge | | CITY | |
| | | West Baton Rouge | | | |
| ENUMERATED WITH | | | | | |
| Louis, Francis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------------------|--|
| <i>L200</i> | | HEAD OF FAMILY | | LOUISIANA | |
| <i>Lewis, Alex</i> | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 55 2 | |
| <i>*</i> | 26 | | | | |
| COUNTY | | Iberville | | CITY <i>Plaquemine</i> | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>* 1 HIL</i> | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL
<i>Lewis Glass</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>74</i> | BIRTHPLACE | | ED.
<i>101</i> | SHEET
<i>6</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lucky James</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18106-P01

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| B | | 38 | | 141 | 2 |
| COUNTY | | | CITY | | |
| Union | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lilla | | W | 38 | | |
| Robert | | S | 18 | | |
| Fred | | S | 16 | | |
| | | | | | |
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|-------------------------|---|----------------|-----|------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 44 | BIRTHPLACE | alab. |
| COUNTY | | Madison | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amy | | W | 37 | alab. | |
| James | | S | 17 | Miss. | |
| Henry | | S | 15 | | |
| | | | | | |
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FORM 70-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 34 | Miss | 35 | 1 |
| COUNTY | | | CITY | | |
| Concordia | | | Ferriday Village | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Charity | | Wife | 33 | | |
| David | | Son | 16 | | |
| Joseph | | Son | 12 | | |
| and 13 lodgers | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis, Alex | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 97 32 | |
| B | 31 | Ala. | | | |
| COUNTY | | CITY | | | |
| St. Mary | | Morgan | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dora | | W | 23 | | |
| Sarah | | D | 3 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------|---|---|---|----|
| 1200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 5/11 | AGE | 8 | E.D. | 70 |
| | | BIRTHPLACE | | SHEET 22 | |
| COUNTY | | Lafayette | | CITY | |
| | | | | Lafayette | |
| ENUMERATED WITH | | Hopkins, Guy St. | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15COMMA-DC 15195-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 57 | E.D. | 141 |
| | | BIRTHPLACE | | SHEET | 21 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 45 | | |
| Alfred | | S | 18 | | |
| Arthur | | S | 12 | | |
| Elizabeth | | S | 11 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| NAME | | Alexander | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 126 | 7 |
| B | 30 | | | | |
| COUNTY | | St. Martin | | CITY | |
| | | | | St. Martinsville | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pauline | | W | 32 | | |
| Adam | | S | 10 | | |
| Lussie | | D | 8 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| 5200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis | | Alexis | | E.D. | SHEET |
| COLOR | B | AGE | 44 | 14 | 1 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Gertie | | W | 30 | | |
| Grace | | D | 18 | | |
| Page | | D | 19 | | |
| Mandy | | D | 16 | | |
| Brook | | D | 14 | | |
| Lerner | | S | 12 | | |
| Elisia | | S | 10 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

Louis Alexia

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------------|-------------------|----------|------------|
| <i>Lamon</i> | <i>S</i> | <i>8</i> | |
| <i>Patricia</i> | <i>S</i> | <i>6</i> | |
| <i>Genetta</i> | <i>D</i> | <i>4</i> | |
| <i>Pearly</i> | <i>D</i> | <i>2</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

115C0746-110 15198-1-01

| | | | |
|-------------------------|--------------|--------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | |
| W | 23 | Legs Alexand | |
| COUNTY | CITY | | |
| Vermillion | Gruydan | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Trami | W | 20 | |
| Alida | D | 2 | |
| Alpha | S | 10 1/2 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| C200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 25 | | 145 | 9 |
| COUNTY | | CITY | | | |
| Vernon | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Leah Jane | | W | 17 | | |
| John R | | S | 12 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-------|------------|--------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 6 | AGE | 28 | BIRTHPLACE | Alfred |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celita | | W | 28 | | |
| Gertrude | | D | 3 | | |
| Willbert | | S | 2 | | |
| Elbert | | S | 2 1/2 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Wm | 65 | | | 106 | 9 |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Madelaine | | W | 60 | | |
| F. Glorise | | D | 25 | | |
| Laura | | GD | 6 | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2900 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 22 | | | 128 | 73 |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ella | | W | 23 | | |
| Elson | | S | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|---|--|--|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| mu | 80 | Mo. | | 13 | 20 |
| COUNTY | | CITY | | | |
| Ascension | | | | | |
| ENUMERATED WITH | | | | | |
| Edwards Sam | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input checked="" type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|---------------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 69 | BIRTHPLACE | Louis, Alfred |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 53 | | |
| Wilfred | | S | 15 | | |
| Lelina | | D | 13 | | |
| Thomas | | S | 10 | | |
| Mary | | S | 7 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|---|----|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 29 | E.D. | 59 |
| | | BIRTHPLACE | | SHEET 15 | |
| COUNTY | | St. Bernard CITY | | | |
| ENUMERATED WITH | | | | | |
| Taylor, Rose | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10150-P01

| | | | | | |
|--|---|--------------------|------|------------|----|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 41 | BIRTHPLACE | |
| | | | | E.O. | 45 |
| | | | | SHEET | 16 |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | | | | |
| Davis Lenard | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18182-P61

1910-436

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 28 | | | 59 | 13 |
| COUNTY | | CITY | | | |
| St. Bernard | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Maudie | W | 23 | | | |
| Albert | S | 5 | | | |
| James | S | 2 | | | |
| Octavia | D | 2 1/2 | | | |
| | | | | | |
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| | | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|----------------|-----|------------|-----|
| 6200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | White | AGE | 50 | BIRTHPLACE | |
| | | Louis Alfred | | E.D. | 124 |
| | | | | SHEET | 14 |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Alfred Jr | | S | 12 | | |
| Paul | | S | 10 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Luisa Alfredo</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>13</i> | AGE
<i>7</i> | BIRTHPLACE | | E.D.
<i>125</i> | SHEET
<i>18</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | ST. Martin | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Charles Joseph</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 15109-P61

| | | | | | |
|-------------------------|--|----------------|-----|------------|--|
| 5500 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | SHEET | |
| B | | 50 | | 77 | |
| | | BIRTHPLACE | | Alice | |
| COUNTY | | | | CITY | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Shamus | | 10 | 90 | | |
| Thant | | 40 | 8 | | |
| Thomas | | 44 | 6 | | |
| Peterson, Clarence | | 44 | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| <i>Lavo</i> | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | ED. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>B</i> | <i>20</i> | | | <i>92</i> | <i>16</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Natchitoches</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Larkin, Thos.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Do</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Do</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Do</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P-61

| | | | | | |
|-------------------------|-----|----------------|-----|-----------------|--|
| 5000 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Alice | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| Mr | 20 | Miss | | | |
| COUNTY | | Tensas | | CITY Waterproof | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------------------------|--|----------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 200
COLOR B | | NAME OF INDIVIDUAL
<i>Louis, Alice</i> | | LOUISIANA
E.D. 41 | | SHEET 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE 9 | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
St. Bernard | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Alexander, Christine</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | |
|--|------------------|-------------------|--------------------|
| NAME OF INDIVIDUAL
<i>Lewis Alice</i> | | E.O.
<i>22</i> | SHEET
<i>19</i> |
| COLOR
<i>W</i> | AGE
<i>25</i> | BIRTHPLACE | |
| COUNTY
<i>Iberia</i> | | CITY | |
| ENUMERATED WITH
<i>Sedusa Joseph E</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>Not Reported</i> </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18199-P61

| | | | | | |
|--|--|---|------------|---|-------|
| 6200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.P. | SHEET |
| W | | 12 | | 136 | 26 |
| COUNTY | | | CITY | | |
| Vermillion | | | Abbeville | | |
| ENUMERATED WITH | | | | | |
| Pupar Felix | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDWIFE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18184-P61

| | | | | | |
|--|--------------|--|------|--|------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lacy, Alice | | ED | | SHEET | |
| COLOR | B | AGE | 24 | BIRTHPLACE | Miss |
| COUNTY | East Carroll | | CITY | | |
| ENUMERATED WITH | | | | | |
| Lacy, Alice | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INSANE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| 200 | | HEAD OF FAMILY | | Lacy | | Alice | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|------------|------|-------|-------|-----------|----|
| COLOR | B | AGE | 43 | BIRTHPLACE | Miss | E.D. | | 42 | |
| COUNTY | East Carroll | | | | CITY | | SHEET | | 19 |
| OTHER MEMBERS OF FAMILY | | | | | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | | | | |
| Will | S | 33 | Miss | | | | | | |
| Alice | DL | 29 | Miss | | | | | | |
| | | | | | | | | | |
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FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----------|---|------|--|------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 13 | AGE | 7 | BIRTHPLACE | Miss |
| COUNTY | Ascension | | CITY | E.D. | 11 |
| ENUMERATED WITH | | SHEET 7 | | | |
| RELATIONSHIP TO ABOVE | | Roberson Polly | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 55 | | | 121 | 62 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 30 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 1200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEWIS, ALINA | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acadia | | Iota | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hayer, Willie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | |
|---|---|
| LOUISIANA | |
| <i>L200</i> | NAME OF INDIVIDUAL
<i>Lewis Alina</i> |
| E.D.
<i>8</i> | SHEET
<i>19</i> |
| COLOR
<i>B</i> | AGE
<i>14</i> |
| BIRTHPLACE | |
| COUNTY
<i>Ascension</i> | CITY |
| ENUMERATED WITH
<i>Estes Ben</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-437 (4-20-30)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

| | | | |
|--|---|---|-------------|
| 4200
NAME OF INDIVIDUAL
<i>Lie, Mine</i> | | E.O.
11 | SHEET
13 |
| COLOR
B | AGE
2 | BIRTHPLACE | |
| COUNTY
Bionville | | CITY | |
| ENUMERATED WITH
<i>Benjamin Osburn</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>560</i> | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19108-P61

L

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|----------------------------|----------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------------|--------------------------------|--|--|
| <p><i>Low</i></p> | | <p>NAME OF INDIVIDUAL
<i>Low, Alvin</i></p> | | <p>E.O.
<i>149</i></p> | <p>SHEET
<i>20</i></p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>COLOR
<i>B</i></p> | <p>AGE
<i>19</i></p> | <p>BIRTHPLACE</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>COUNTY
<i>Vernon</i></p> | | <p>CITY
<i>Fulberton</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>ENUMERATED WITH
<i>Iris, James</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>RELATIONSHIP TO ABOVE</p> <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>laborer</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>laborer</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>laborer</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| L 200 | NAME OF INDIVIDUAL | | E.D. SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lewis Alkey | | 14 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 15 | Ark | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clai borne | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hammett, Elizabeth | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | | | | | |
|--|--|--------------------|---|-------------|--|---|--|-------|--|
| 9203 | | NAME OF INDIVIDUAL | | Lease Allen | | E.D. | | SHEET | |
| COLOR | | AGE | | BIRTHPLACE | | 10 | | 7/12 | |
| W | | 24 | | Ila | | | | | |
| COUNTY | | | | Jangiparua | | CITY | | | |
| | | | | | | Kentwood | | | |
| ENUMERATED WITH | | | | | | | | | |
| Elzy Joseph | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | | <input type="checkbox"/> INSANE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19100-P01

| | | | | | |
|--------------------------|--------------|----------------|------------|-----------|-------|
| 7500 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 58 | | 64 | 19 |
| | | BIRTHPLACE | | | |
| | | La | | | |
| COUNTY | | | CITY | | |
| FAMILY MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Cela | W | 51 | Miss | | |
| George A | S | 24 | | | |
| John | S | 21 | | | |
| Bessie | D | 16 | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|---------------------|-----------|------------|----------|
| <i>L 200</i> | | HEAD OF FAMILY | | LOUISIANA | |
| | | <i>Lewis, Allen</i> | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | <i>27</i> | <i>1</i> |
| <i>B</i> | <i>65</i> | | | | |
| COUNTY | | | CITY | | |
| <i>A...</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1</i> | <i>Mary</i> | <i>W</i> | <i>50</i> | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----------|------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis Allen | | E.D. | SHEET |
| COLOR | B | AGE | 35 | BIRTHPLACE | |
| COUNTY | | | Cityville | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lewis | | W | 32 | | |
| Allen | | G-D | 6 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|--|
| 2202 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis, Alley | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 13 | 23 | | | | |
| COUNTY | | CITY | | | |
| Natchitoches | | | | | |
| ENUMERATED WITH | | | | | |
| Ladkin, Tom | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
130 | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 1819B-P61

| | | | |
|-------------------------|------------------|--------------------------|-------------------------------|
| HEAD OF FAMILY | | LOUISIANA | |
| <i>L200</i> | <i>Louis</i> | <i>Allie</i> | E.D. <i>54</i> SHEET <i>5</i> |
| COLOR <i>B</i> | AGE <i>48</i> | BIRTHPLACE | |
| COUNTY | <i>Iberville</i> | CITY <i>Raymondville</i> | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Living Alone</i> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.S. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 17 | | 41 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | COUNTY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jefferson Chase | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (9-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENSUS-DC 1910-601

| | | | | | |
|--|---|---|------------------|---|------------------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 7 | BIRTHPLACE | E.D. 135 SHEET 3 |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | West Baton Rouge | | |
| RELATIONSHIP TO ABOVE | | | Cook, Major | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S.D. | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16109-P81

| | | | | | |
|-------------------------|--------|----------------|-------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| Mu | 56 | | | 59 | 4 |
| COUNTY | | CITY | | | |
| Caddo | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Bachas | D | 20 | | |
| | Isaac | S | 17 | | |
| | Willis | S | 15 | | |
| | Ettie | D | 14 | | |
| | Claude | S | 6 | | |
| | Abores | G S | 2 1/2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|-----------|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 6 | BIRTHPLACE | alney ark |
| COUNTY | | Clai borne | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> NEAATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

Form 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | |
|-------------------------|-------|----------------|------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lusk | | Alfred L | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 24 | Miss | | | |
| COUNTY | Salle | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 4 Bo | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|---|-------|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 3 | | 66 | 4 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Bridgewater Frank | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SD | |

FORM 18-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P51

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 28 | Ark | 32 | 7 |
| COUNTY | | | CITY | | |
| Concordia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Parker Lewis Comp | | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lucy Mingo | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 53 | Miss. | | | |
| COUNTY | | Lafayette | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alicia | | W | 52 | | |
| William | | S | 19 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | Alphonse | | E.D. | SHEET |
| COLOR | B | AGE | 47 | 128 | 25 |
| BIRTHPLACE | | | | | |
| COUNTY | St. Martin | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucy | | W | 55 | | |
| Carrie | | D | 18 | | |
| | | | | | |
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FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| K200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lacy Alphonse | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 13 | 38 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | Jeanerette | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Joseph | | S | 12 | | |
| Samuel | | S | 6 | | |
| Willie | | S | 23 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 5200 | | NAME OF INDIVIDUAL. | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Au | | 32 | | 20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Iberia | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | New Iberia | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Alex Charlie | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Levin Alvin</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>19</i> | BIRTHPLACE | | E.D.
<i>44</i> | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Carroll</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Henry Farmer</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | E.O. | 66 |
| COUNTY | | Lafayette | | SHEET 32 | |
| | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Eva | | W | 24 | | |
| / Mary | | D | 3 | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|--------|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 11 1/2 | E.O. | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | 33 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Assumption | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lemus, Henry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|--|--|---|------|---|-----------------|
| 200 Louis Amanda
COLOR | | NAME OF INDIVIDUAL
Louis Amanda | | LOUISIANA
E.O. | SHEET
138 26 |
| 30
AGE | | BIRTHPLACE | | | |
| COUNTY
Vermillion | | | CITY | | |
| ENUMERATED WITH
Daniel A.B. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USECOM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L.O.O. | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 70 | | | 83 | 10 |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Annie | | W | 25 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (6-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| R200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 20 | | 68 | 4 |
| COUNTY | | | CITY | | |
| Lincoln | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Christine | | W | 18 | | |
| C.P. | | S | NR | | |
| /B | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | E.D. | SHEET |
|-------------------------|---------------------|------------|----------------|
| HEAD OF FAMILY | L. 200 Lasy Ambrose | | 126 11 |
| COLOR | AGE | BIRTHPLACE | |
| B | 38 | | |
| COUNTY | ST. Martin | CITY | St Martinville |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Marguerite | W | 36 | |
| Vidale Albert | SS | 22 | |
| Benjamin Celestine | SS | 20 | |
| Lasy Ambrose | S | 16 | |
| Benjamin James | SS | 14 | |
| Isobice Antoinette | SD | 12 | |
| Antonia | SD | 10 | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 16-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DR 15108-F03

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| C 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 35 | | | 81 | 7 |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Annie | | W | 24 | | |
| Lillian | | D | 5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|---|---|--|-----------------------------|
| NAME OF INDIVIDUAL
<i>Lewis Amelia</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>65</i> | BIRTHPLACE
<i>Ala</i> | E.O. SHEET
<i>119 25</i> |
| COUNTY
<i>Tan 112</i> | | CITY | |
| ENUMERATED WITH
<i>Mitchell Alice</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18168-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8200 | | NAME OF INDIVIDUAL
<i>Lemuel Amelia</i> | | E.D.
92 | SHEET
12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>5</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Rapides</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Owens John</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-537 (4-25-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1818-P-91

2

| L202
COLOR B | | HEAD OF FAMILY
Laws, Amelia | | LOUISIANA
R.D. 35 | SHEET 9 |
|-------------------------------|--|---------------------------------------|-----------------------------|-----------------------------|----------------|
| | | AGE
44 | BIRTHPLACE | | |
| COUNTY
Calcasieu | | | CITY
Lake Charles | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amelia | | N | 29 | | |
| Harold | | S | 23 | | |
| Mary | | D | 18 | | |
| Jackson, Clarence | | N | 14 | | |
| Young, Mary | | B. | 41 | Ala. | |
| Ames, Edward | | B. | 25 | Ila. | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 1200 | NAME OF INDIVIDUAL
Lassie, Amelia | | E.O. 53 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
25 | BIRTHPLACE
7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Calcasieu | CITY
Damingo Louisiana | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Pepercom, Carolyn B | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Liche, Amelia</i> | | E.O.
81 | SHEET
14 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
W | AGE
67 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
St. John the Baptist | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Liche, Jean</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMMA-DC 18199-P01

| | | | | | | | |
|---|---|---|------------------|---|--|------|-------|
| 2002 | | NAME OF INDIVIDUAL | | Lena Amelia | | E.D. | SHEET |
| COLOR | W | AGE | 20 | BIRTHPLACE | | | |
| COUNTY | | | St. Mary | CITY | | | |
| | | | Patterson | | | | |
| ENUMERATED WITH | | | Callissie Amelia | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WMALE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P81

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| P 200 | | HEAD OF FAMILY | | LOUISIANA | |
| E. D. | | SHEET | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Marie | | W | 43 | | |
| Charles B | | S | 21 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|---|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 66 | als | 114 | 8 |
| COUNTY | | | CITY | | |
| Webster | | | | | |
| ENUMERATED WITH | | | | | |
| Henson Eliza | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

Form 18-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P01

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Lewis Annie</i> |
| E.D. | SHEET |
| 88 | 2 |
| COLOR
<i>Mu</i> | AGE
<i>22</i> |
| BIRTHPLACE | |
| COUNTY
<i>Morehouse</i> | CITY |
| ENUMERATED WITH
<i>Holmes Tom</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SD</i> | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|--|---|--|------|--|-----|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 68 | E.D. | 110 |
| | | BIRTHPLACE | | SHEET 4 | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Hayes Shepherd | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| L. Loe | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 34 | BIRTHPLACE | |
| | | Lewis Amile | | E.D. | SHEET |
| | | | | /// | /// |
| COUNTY | | St. Landry | | CITY | |
| | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amira | | W | 32 | | |
| Mary | | D | 15 | | |
| Edmond | | D | 8 | | |
| Emma | | D | 7 | | |
| Alfred | | S | 6 | | |
| Houston | | S | 5 | | |
| Pitts Mary | | Si L | 24 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED | | LOUISIANA | |
|----------------------------|--------------|-------------|------------|
| | | CARD 2 OF 2 | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 / <i>Loice</i> | <i>D</i> | <i>3</i> | |
| <i>Kaml</i> | <i>S</i> | <i>4/12</i> | |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 34 | | | /// | /// |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Amie | | W | 32 | | |
| Marie | | D | 15 | | |
| Edmond | | D | 5 | | |
| Emma | | D | 7 | | |
| Alfred | | S | 6 | | |
| Houston | | S | 5 | | |
| Pattie, Mary | | S, L | 24 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-------|--------------|-----|------------|
| John | 0 | 3 | |
| Rania | 5 | 1/2 | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMA-DC 13190-P61

| | | | | | |
|--|--------------|---|------------|---|--|
| <i>Lee</i> | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET | |
| <i>B</i> | <i>6 1/2</i> | <i>Laurel, Ariz.</i> | <i>112</i> | <i>2</i> | |
| COUNTY | | CITY | | | |
| <i>Ierrebonne</i> | | | | | |
| ENUMERATED WITH | | | | | |
| <i>Wilson, Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>sch</i> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | | | |
|-------------------------|--------|----------------|-----|------------|--------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 26 | BIRTHPLACE | Arross |
| COUNTY | | Bossier | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Baskie | W | 22 | | |
| | | | | | |
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Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|------|
| 2202 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 57 | BIRTHPLACE | Amos |
| COUNTY | | Bossier | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. I. Cook | | | | | |
| | | | | | |
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FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Armes | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| Wm | 29 | | | | |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Erancy | w | 28 | | |
| | Thompson | s | 2 | | |
| | Magdeline | s d | 12 | | |
| | Robert | s s | 11 | | |
| | William | s s | 8 | | |
| | Viola | s d | 5 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 25 | | 57 | 3 |
| COUNTY | | | CITY | | |
| Caddo | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| — Eva | | W | 20 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Lewis Ochs | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Lincoln | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Johnson Robert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|---|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 201
NAME OF INDIVIDUAL
<i>Lewis Anna</i> | | LOUISIANA
E.D. 49 SHEET 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>7</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Plaquemines</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Russell Zeline</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input checked="" type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Lewis, Amos | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 90 | 151 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| West Feliciana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frank Tilden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | |
|--|-----|---|--|---|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Lewis Amos | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 18 | | | | |
| COUNTY | | Lafourche | | CITY | |
| ENUMERATED WITH | | | | | |
| Buster John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Lackey Arny</i> | | E.D.
92 | SHEET
16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
12 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Rapides</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Taylor Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16194-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>L200</i> | NAME OF INDIVIDUAL <i>Lewis Gnadine</i> | | E.D. <i>88</i> SHEET <i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>Mex</i> | AGE <i>8</i> | BIRTHPLACE <i>MOBILE</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Holmes Tom</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SS</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 4200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 68 | | 81 | 21 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | St. John the Baptist | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Charlotte, Charles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| P 200 | | HEAD OF FAMILY | | Louisiana | |
| Lewis, Ananis | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 8 | 30 | | | | |
| COUNTY | | CITY | | | |
| Tangipahoa | | Ponchartraine | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annie | | w | 30 | | |
| Mandy | | d | 11 | | |
| Williams, Aphelia | | a | 30 | | |
| Thaniel | | U | 30 | | |
| John | | n | 6 | | |
| Isiah | | n | 4 | | |
| Walter | | n | 12 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY of 1 boarder

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|--|
| 1200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Louis Anatole | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 14 3 | |
| B | 9 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| ENUMERATED WITH | | | | | |
| Louis Detil | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Ad. Son | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-PS1

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Lewis, Anatole | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 114 | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guillory, Millie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 19-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis And. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 45 | Japan | | | |
| COUNTY | | Richland | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ruth | | W | 44 | | |
| | | | | | |
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FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|--------------------------------|---------------|------------|------------|-------------|
| 9700 | Lorus Ardella | | E.D.
22 | SHEET
13 |
| COLOR
B | AGE
32 | BIRTHPLACE | | |
| COUNTY
St. John the Baptist | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pearl | D | 7 | | |
| William | D | 5 | | |
| Viola | D | 3 | | |
| Rodgers | S | 1 | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L 200 | NAME OF INDIVIDUAL
<i>Lewis Anderson</i> |
| E.D.
77 | SHEET
4 |
| COLOR
<i>Mu</i> | AGE
26 |
| BIRTHPLACE
<i>Tex</i> | |
| COUNTY
<i>De Soto</i> | CITY |
| ENUMERATED WITH
<i>William Allen</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

Form 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 16100-P61

LOUISIANA

| | | | | |
|--------------------------------|---|-------------------|------------|------------|
| L200 | HEAD OF FAMILY
<i>Lewis Anderson</i> | | E.D.
78 | SHEET
4 |
| COLOR
B | AGE
23 | BIRTHPLACE | | |
| COUNTY
St. John the Baptist | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE |
| <i>Louis Catherine</i> | | <i>M</i> | <i>48</i> | |
| <i>Willet, Marcella</i> | | <i>N</i> | <i>6</i> | |
| <i>I Honamine</i> | | <i>Ni</i> | <i>4</i> | |
| <i>Guest, Sedonia</i> | | <i>Ni</i> | <i>2</i> | |
| <i>Numa, Clita</i> | | <i>Ni</i> | <i>17</i> | |
| <i>Willet, Desiree</i> | | <i>Si</i> | <i>30</i> | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | |
| 2200 Lewis Anderson | | 56 | 21 | |
| COLOR | AGE | BIRTHPLACE | | |
| B | 61 | Miss | | |
| COUNTY | | CITY | | |
| Caddo | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Minnie | w | 58 | | |
| Coleman Jessie | g d | 18 | | |
| Taylor William | n | 21 | | |
| | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|-------------------------------------|-----------|------------|
| L 200 | HEAD OF FAMILY <i>Lewis Andra P</i> | | |
| E.D. 71 | SHEET 16 | | |
| COLOR <i>B</i> | AGE 36 | | |
| BIRTHPLACE | | | |
| COUNTY <i>Lincoln</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Green</i> | <i>W</i> | <i>34</i> | |
| <i>Kelly</i> | <i>D</i> | <i>15</i> | |
| <i>Sallis</i> | <i>D</i> | <i>13</i> | |
| <i>Czibele</i> | <i>S</i> | <i>12</i> | |
| <i>Vatra</i> | <i>D</i> | <i>10</i> | |
| <i>Odrie</i> | <i>S</i> | <i>8</i> | |
| <i>Jemal</i> | <i>S</i> | <i>7</i> | |

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Andy | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 5 | 50 | | | | |
| COUNTY | | CITY | | | |
| Therville | | Plaquemine | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leticia | | Wife | 44 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|----------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis Andy | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 23 | 30 | | | | |
| COUNTY | | | CITY | | |
| | | | Shagbush | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lewis | | Wife | 60 | | |
| Lulu | | Daughter | 20 | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.D. | SHEET | | |
| 1200 | 109 | 23 | |
| COLOR | AGE | BIRTHPLACE | |
| B | 63 | La. | |
| COUNTY | CITY | | |
| Sabine | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary | W | 45 | |
| Lee, Jessie | S | 4 | |
| Thomas, Emma | S | 3 | |
| Lee, Jane | D | 28 | |
| Jimmy | S | 9 | |
| Robert | S | 5 | |
| Hayes | S | 2 | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------------------------|--------------------------------------|
| LOUISIANA | |
| L 200 | HEAD OF FAMILY <i>Lewis Anderson</i> |
| E.O. 44 | SHEET 10 |
| COLOR 13 | AGE 23 |
| BIRTHPLACE | |
| COUNTY East Feliciana | CITY |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| AGE | BIRTHPLACE |
| <i>Living alone</i> | |
| | |
| | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| NAME OF INDIVIDUAL
<i>Lewis Andrew</i> | E.O. <i>66</i> SHEET <i>25</i> |
| COLOR <i>B</i> AGE <i>34</i> BIRTHPLACE | |
| COUNTY <i>St. James</i> CITY | |
| ENUMERATED WITH | <i>Jones George H</i> |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> MISTRESS-IN-LAW |
| <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910S-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| P202 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mn | | 26 | | 94 | 20 |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lela | | W | 24 | N.C. | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|----------------|------------|
| C200 | HEAD OF FAMILY | | E.D. 98 |
| | Lake Andrew | | SHEET 8 |
| COLOR 6 | AGE 71 | BIRTHPLACE Ga. | |
| COUNTY | Red River | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mrs. Andrew | w | 57 | Ga. |
| Willie | d-s | 13 | |
| Edna | d-s | 6 | |
| | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------------|----------------|------------|
| P200 | | HEAD OF FAMILY | |
| Louis Andrew | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| B | 36 | | |
| COUNTY | St. John the Baptist | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Angelie | w | 37 | |
| Archie | D | 15 | |
| Melina | D | 11 | |
| Eline | D | 7 | |
| Cecilia | D | 4 | |
| 1 Virginia | D | 1 | |
| | | | |

FORM 18-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lewis Andrew</i> | | E.D.
10 | SHEET
29 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Mu</i> | AGE
4 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | CITY
<i>Crawley</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Crump William</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMADE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMADE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMADE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910B-P61

| | | LOUISIANA | |
|-------------------------|----------------|---------------|-----------------|
| 2000 | HEAD OF FAMILY | Liboux Andrew | E.D. 38 SHEET 7 |
| COLOR B | AGE 28 | BIRTHPLACE | |
| COUNTY | Calcasieu | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| Alvie | | W | 26 |
| Marion | | S | 6 |
| Andrew | | S | 4 |
| Audrey | | S | 3 |
| Constance | | D | 1 |
| | | | |
| | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|----------------|------|--------------|-----------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 2200 | Male | 50 | 26 | 5 |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Luzar | | W | 47 | |
| John | | S | 21 | |
| Henry | | S | 16 | |
| Eunice | | S | 12 | |
| Francis D | | | 14 | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------------|---------------------------------------|--------------------------|-------------------------------|
| L200 | HEAD OF FAMILY
<i>Lewis Andrew</i> | | E.D. <i>14</i> SHEET <i>8</i> |
| COLOR
<i>W</i> | AGE
<i>29</i> | BIRTHPLACE
<i>Ark</i> | |
| COUNTY
<i>East Carroll</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| | | | |
| <i>Mary</i> | | <i>24</i> | <i>28</i> |
| <i>Jimmie</i> | | <i>5</i> | <i>11</i> |
| <i>Arthur</i> | | <i>5</i> | <i>5</i> |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|-------------------------|------------------------------------|
| L200 | HEAD OF FAMILY <i>Lewis Andrew</i> |
| E.O. 68 | SHEET 4 |
| COLOR <i>B</i> | AGE <i>47</i> |
| BIRTHPLACE | |
| COUNTY <i>Lincoln</i> | CITY |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| AGE | BIRTHPLACE |
| <i>Mary</i> | <i>W</i> |
| <i>Summi</i> | <i>S</i> |
| <i>Hattie</i> | <i>D</i> |
| <i>Ernest</i> | <i>S</i> |
| <i>Ella</i> | <i>D</i> |
| <i>Elsie</i> | <i>D</i> |
| <i>Andrew</i> | <i>S</i> |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| Lilla | D | 6 | |
| Assenit | S | 3 | |
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FORM 10-434a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1819B-P&T

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| 2200 | | HEAD OF FAMILY | | Lewis Andrew | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 51 | | Ala | | 1029 | |
| COUNTY | | | | CITY | | | |
| Sabino | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| 1 Sallie | | | | W | | 19 | |
| | | | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--------------|--------------|------------|-----------|--|
| C200 | | HEAD OF FAMILY | | Louis Andrew | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. | SHEET | |
| B | | 32 | Ark. | | 122 | 3 | |
| COUNTY | | | JONES | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Hyman | | | W | 34 | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------------|------------------|
| 9200 | HEAD OF FAMILY | Lewis, Andrew | E.D. 113 SHEET 3 |
| COLOR B | AGE 42 | BIRTHPLACE Miss. | |
| COUNTY | St. Tammany | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE BIRTHPLACE |
| | Evelyn | w | 34 |
| | Margaret | d | 12 |
| | Pinkey | d | 10 |
| | Mildred | d | 9 |
| | Maluel | d | 2 |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|------------|----------------|
| L200 | HEAD OF FAMILY | | E.D. 6 |
| | Louis Andrew | | SHEET 9 |
| COLOR B | AGE 39 | BIRTHPLACE | |
| COUNTY | Ascension | CITY | Donaldsonville |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Martha | sd | 27 | |
| Jackson Hester | sd | 11 | |
| Sarah | sd | 65 | |
| | | | |
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FORM 16-436 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|---------------------|-----------|------------|----------|
| <i>Lucas</i> | | HEAD OF FAMILY | | <i>Lewis Andrew</i> | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | SHEET |
| <i>B</i> | | <i>25</i> | | | | <i>107</i> | <i>4</i> |
| COUNTY | | | | <i>Ouachita</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Lucy</i> | | | | <i>W</i> | <i>21</i> | | |
| <i>Jennie</i> | | | | <i>S</i> | <i>6</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|----------------|------------|
| L200 | HEAD OF FAMILY | | E.O. | SHEET |
| | Lega Andrew | | 54 | 3 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 32 | | | |
| COUNTY | Therville | | CITY St. Ville | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Sarah | w | 32 | |
| | Ida | D | 15 | |
| | Everlina | D | 14 | |
| | Rebecca | D | 12 | |
| | Andrew | S | 10 | |
| | Arthur | S | 8 | |
| | Margolin | D | 6 | |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Mary | D | 4 | |
| Louisa | D | 3 | |
| Ophelia | D | 5/2 | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16198-P61

LOUISIANA

| | | | | |
|--|--|--|-------------|------------|
| L200 | NAME OF INDIVIDUAL
Lusk, Andrew J | | E.D.
132 | SHEET
2 |
| COLOR
W | AGE
76 | BIRTHPLACE
Ala | | |
| COUNTY
Hendon | | CITY
Marion | | |
| ENUMERATED WITH
Westbrooks, Zack | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0144-DC 16106-P61

| | | | | | |
|-------------------------|---------|-----------------|-----|------------|------------|
| 2200 | | HEAD OF FAMILY. | | LOUISIANA | |
| Lewis, Andrew J. | | E.D. | | SHEET | |
| 78 | | 78 | | 16 | |
| COLOR | W | AGE | 72 | BIRTHPLACE | Ga |
| COUNTY | Rapides | | | CITY | Alexandria |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Texana G | | W | 70 | Miss | |
| 2 Bo | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L 200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lewis Angelas | | 117 | 20 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 39 | | | |
| COUNTY | | CITY | | |
| St. Landry | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Onega | | w | 36 | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|------------|---------------|-------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| L200 | | Louis Angeles | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| Wm | 35 | | | | |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Felonese | | w | 30 | | |
| Ben | | s | 9 | | |
| Pearly | | D | 7 | | |
| Louis | | s | 5 | | |
| Sibby | | D | 3 | | |
| Archa | | d | 1/12 | | |
| | | | | | |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|----------------------------|--|--------------|-----------------|
| L200 | HEAD OF FAMILY
<i>Louis Angelan</i> | | E.D. 67 SHEET 9 |
| COLOR
B | AGE
19 | BIRTHPLACE | |
| COUNTY
<i>Lafayette</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>Moude</i> | | <i>W</i> | <i>18</i> |
| <i>Eddy</i> | | <i>S</i> | <i>1</i> |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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|--|--|--|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| Last | | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis | | Lewis, Angeline | | 55 | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Plaquemine | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Murray, John | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15196-P61

LOUISIANA

| | | | | | |
|--|--|---|--|------------------|--------------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Louis Aristine</i> | | E.O.
<i>6</i> | SHEET
<i>12</i> |
| COLOR
<i>B</i> | AGE
<i>1</i> | BIRTHPLACE | | | |
| COUNTY
<i>Ascension</i> | | CITY
<i>Ronaldsonville</i> | | | |
| ENUMERATED WITH
<i>Wells Alfred</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>2</i> | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-PO1

LOUISIANA

| | | | | | |
|--|-----------|---|--|--|------------|
| 4200 | | NAME OF INDIVIDUAL
<i>Lewis, Anston</i> | | E.D.
72 | SHEET
6 |
| COLOR
B | AGE
10 | BIRTHPLACE | | | |
| COUNTY
Lincoln | | CITY | | | |
| ENUMERATED WITH
<i>Gore, Sam</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>sd</i> | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16190-P01

| | | | | LOUISIANA | |
|-------------------------|-----|---------------|-------|------------|----|
| HEAD OF FAMILY | | E.O. | SHEET | | |
| L 200 | | Lewie Anizemo | | 71 | 18 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 64 | | | | |
| COUNTY | | St. James | | CITY | |
| | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| L William | | W | 64 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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|---|--|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Leeks Amos</i> | | E.D.
<i>106</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>13</i> | AGE
<i>41</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Ouachita</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Brown Isaac</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|--------|------------|-------|
| 502 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lewis Ann | | 17 | 3 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 90 | Eng | | | |
| COUNTY | | | CITY | | |
| | | | Iberia | New Iberia | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Henry Mary | | 16 | 68 | Eng | |
| Evana Barbara | | 16 | 62 | Eng | |
| Miller William T | | Son | 39 | S.C. | |
| Anna B | | Daughter | 38 | Ky | |
| Grant A | | 24 | 8 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|--|
| HEAD OF FAMILY | | E.O. | SHEET | |
| Loach Ann | | 133 | 1 | |
| COLOR | AGE | BIRTHPLACE | | |
| B | 50 | | | |
| COUNTY | Winn | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Cleveland | S | 20 | | |
| Harner | S | 19 | | |
| Ellen | S | 18 | | |
| Jessie | S | 16 | | |
| Kit | S | 14 | | |
| John | S | 12 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF
Washington Brand
MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
BRANCHED EVERYWHERE

Soudex

QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 400 | 200 | 300 | 400 | 500 | 600 |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|------------|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 34 | BIRTHPLACE | E.O. 152 SHEET 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mack Arthur | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Concubine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16160-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 42 | | 81 | 4 |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Martin, Beaulieu | | D | 15 | | |
| Thompson, Frank | | Niece | 23 | | |
| Jones, William | | Niece | 20 | | |
| Cole, Jennie | | Niece | 21 | | |
| Thompson, David | | Niece | 22 | | |
| Bradway, Mary | | Niece | 38 | | |
| Anderson, Susan | | Niece | 20 | | |

FORM 18-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------------------|--------------|-----|------------|
| Maria, Octave | None | 20 | |
| Paula, Walker | None | 27 | |
| M ^r Gray, Odie | None | 20 | |
| Jasper, Peter | None | 22 | |
| Franklin, Lany | None | 22 | |
| William, Henry | None | 20 | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED 1910-1911

LOUISIANA

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 220 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lewis, Anna | | 72 | 7 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 48 | | | |
| COUNTY | | CITY | | |
| Lincoln | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Grover | S | 21 | | |
| Ellie | S | 15 | | |
| Mary | S & | 11 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| L 200 | HEAD OF FAMILY | | E.D. 97 |
| | Lewis Anna | | SHEET 15 |
| COLOR 73 | AGE 26 | BIRTHPLACE | |
| COUNTY | | Morehouse | |
| CITY | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Living alone | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|--------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| <i>L-100</i> | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Lewis Anna</i> | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>13</i> | <i>37</i> | | | <i>62 25</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Iberville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Deverda Lucinda</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Si</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P-51

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Lachey Anna</i> | | E.O.
43 | SHEET
9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>7</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Carroll</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Hall Adam</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| <i>L-200</i> | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Lock Anne</i> | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>B</i> | <i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>West Carroll</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Boykin Emma</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>D</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|--|--|---|------------|---|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLO | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 30 | | 119 | 6 |
| COUNTY | | | CITY | | |
| Webster | | | | | |
| ENUMERATED WITH | | | | | |
| Norman Wash | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 18106-P61

| | | | | | |
|-------------------------|----------|----------------|------|-------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 1/2 | 21 | | | 4.3 | 16 |
| COUNTY | St. Mary | | CITY | Baton Rouge | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Fatima | | D | 12 | | |
| Emanuel | | S | 9 | | |
| 11 th Kinley | | S | 7 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1200 | | NAME OF INDIVIDUAL
<i>Lewis Annie</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>2</i> | BIRTHPLACE | | E.D.
<i>88</i> | SHEET
<i>22</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Mary</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Robertson Annie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-NC 15195-P01

| | | | | | |
|--|------------------|---|--|---|-------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Louis Annie</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>25</i> | BIRTHPLACE | | E.D.
<i>8</i> | SHEET
<i>2</i> |
| COUNTY
<i>Assumption</i> | | CITY
<i>Napoleonville</i> | | | |
| ENUMERATED WITH
<i>Hallens, George</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>slav.</i> | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--------|--------------------------------|--|--|
| L-200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 8 | | | 55 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caddo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mack Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Lodger</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Lodger | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Lodger | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|---|--|---|--|--|-------|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 38 | | 97 | 1/3 |
| BIRTHPLACE | | | | | |
| COUNTY | | CITY | | | |
| Morehouse | | | | | |
| ENUMERATED WITH | | | | | |
| Heckler Geo. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18199-P81

| | |
|--|---|
| LOUISIANA
E.D. 110 SHEET 10 | |
| NAME OF INDIVIDUAL
<i>Lee</i> | NAME OF INDIVIDUAL
<i>Lewis Annie</i> |
| COLOR
<i>MW</i> | AGE
<i>2</i> |
| BIRTHPLACE | |
| COUNTY
<i>St. Landry</i> | CITY |
| ENUMERATED WITH
<i>Lee Sydney</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|--|--|
| 1200
COLOR | | NAME OF INDIVIDUAL
Louis Annie | | LOUISIANA
P.D. 55 SHEET 13 | |
| B
AGE 60 | | BIRTHPLACE | | | |
| COUNTY | | Iberville | | CITY Plaquemine | |
| ENUMERATED WITH
Louis Andy | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16106-P61

| | | | | | |
|---|--|---|------|--|-------------|
| 4200
COLOR
13 | | NAME OF INDIVIDUAL
Leigh Annis | | E.D.
125 | SHEET
13 |
| AGE
15 | | BIRTHPLACE | | | |
| COUNTY
St. Martin | | | CITY | | |
| ENUMERATED WITH
Annis Jack | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P-61

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 13 | | 30 | | 106 | 17 |
| BIRTHPLACE | | | | | |
| COUNTY | | CITY | | | |
| Ouachita | | West Monroe | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|------------------|-----------------------------------|-------------------|
| <i>Loo</i>
NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>16</i> | BIRTHPLACE
<i>Levee, Annie</i> | E.D.
<i>38</i> |
| COUNTY
<i>Lafourche</i> | | CITY
<i>Thibodaux</i> | |
| ENUMERATED WITH
<i>Kane, Morris</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB-DC 18108-P61

| | | | | | |
|---|---|--------------------|---------|------------|----|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 14 | BIRTHPLACE | |
| | | | | E.D. | 23 |
| | | | | SHEET | 16 |
| COUNTY | | | Do Soto | CITY | |
| ENUMERATED WITH | | | | | |
| Herald Lyons | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input checked="" type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|--|--|-------|
| NAME OF INDIVIDUAL | | LOUISIANA | |
| Rocke, Annie J | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 72 | Ark | |
| COUNTY | | CITY | |
| Vernon | | Sullerston | |
| ENUMERATED WITH | | | |
| Sinclair, John T. | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 10100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Lewis Annie May</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>9</i> | BIRTHPLACE
<i>79</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lincoln</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Lewis Mc Lane Lane</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P-61

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | ED. | SHEET |
| mm | 12 | Bienville | | 6 | 32 |
| COUNTY | | CITY | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center; font-size: 2em;">S1</div> </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------------|--------------|------------|----------|
| <i>K 200</i> | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| <i>8</i> | <i>30</i> | <i>Louis Anthony</i> | | <i>113</i> | <i>5</i> |
| COUNTY | | CITY | | | |
| <i>Iberia</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Berthe</i> | | <i>W</i> | <i>25</i> | | |
| <i>Matilda</i> | | <i>D</i> | <i>3</i> | | |
| <i>Antoine</i> | | <i>S</i> | <i>1 1/2</i> | | |
| | | | | | |
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Form 10-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | |
|------------|----------------|
| <i>L 2</i> | HEAD OF FAMILY |
|------------|----------------|

| | | | | | | | |
|-------------------------|---------|----------------|-----|--------------|------|-----------|-----|
| L200 | | HEAD OF FAMILY | | Mack Anthony | | LOUISIANA | |
| COLOR | W | AGE | 54 | BIRTHPLACE | Ala. | E.D. | 102 |
| COUNTY | Sabine | | | SHEET 13 | | | |
| CITY | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Ann | W | 53 | | | | |
| | James | S | 30 | | | | |
| | William | S | 17 | | | | |
| | Mack | S | 16 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|----------------|------|------------|---------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 47 | BIRTHPLACE | Anthony |
| COUNTY | Grant | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edna G. | | W | 2 | | |
| Lillian | | D | 7 | | |
| Cordelia | | D | | | |
| Arden | | D | | | |
| Lillian B. | | D | | | |
| Lillian | | D | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|------|-----------|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| Free | 17 | St. James | 76 | 14 | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| James E. Lorient | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P01

| | | | | | |
|--|-----|--|--|--|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| man | 45 | | | 76 | 14 |
| COUNTY | | St. Jame. | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE James Florant | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-P61

U.S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

NAME OF INDIVIDUAL *Lewis, Antoine*

E.D. *130* SHEET *10*

COLOR *Ma* AGE *4* BIRTHPLACE

COUNTY *St. Martin* CITY *Breaux Bridge*

ENUMERATED WITH *Lefton, Philomine*

RELATIONSHIP TO ABOVE

| | | |
|--|--|---|
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&A-NC 15100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 39 | | 130 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | St. Martin | | Breaux Bridge | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cromieau, Nison | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| 7200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 25 | BIRTHPLACE | 81 20 |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Loyelle | | W | 24 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | |
|-------------------------|----------------|--------------|----------------|------------|-----------|-------|
| 9200 | HEAD OF FAMILY | | Louis, Antoine | | LOUISIANA | |
| COLOR | B | AGE | 70 | BIRTHPLACE | E.D. | SHEET |
| | | | | | 77 | 15 |
| COUNTY | | | | CITY | | |
| St. John the Baptist | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Juliette | | D | 70 | | | |
| Morris, Albert | | G-Cl | 20 | | | |
| Julia | | G-Cl | 12 | | | |
| Cecilia | | G-Cl | 15 | | | |
| Denis | | G-Cl | 18 | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------------|-----|------------|-------|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 63 | | 78 | 15 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Katie | | W | 59 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 65 | Antalle | 2 | 5 |
| COUNTY | | CITY | | | |
| Assumption | | Plattenville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|---|-------------------|-----|------------|-------------|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 35 | BIRTHPLACE | Antone |
| COUNTY | | St. Martin | | CITY | Minneapolis |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | |
| Melina | | a | 26 | | |
| Barbara | | S | 13 | | |
| Antone | | S | 2 | | |
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FORM 16-636 (10-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--------------|
| 5200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 58 | BIRTHPLACE | Lake Antonis |
| COUNTY | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 48 | | |
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Form 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-------|------------|---------------|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 34 | BIRTHPLACE | Lucia Antonio |
| COUNTY | St. James | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Marguerite | W | 28 | Italy | |
| | Joseph | S | 9 | | |
| | Michael | S | 7 | | |
| | Conjesta | D | 3 | | |
| | Mary | D | 1 1/2 | | |
| | Miranda | W L | 55 | Italy | |
| | Antonio | S L | 12 | Italy | |

Form 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| 6200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | Italy |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eusebia | | W | 27 | Italy | |
| Carolina | | S | 5 | | |
| Lily | | D | 7 | | |
| Leonora | | D | 3 | | |
| Rosa Vincencia | | MC | 48 | Italy | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|---|--------------------|------------|----------------|-----------------|
| 7200 | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR <i>B</i> | AGE <i>23</i> | BIRTHPLACE | E.D. <i>70</i> | SHEET <i>19</i> |
| COUNTY | | CITY | | |
| Lafayette | | Lafayette | | |
| ENUMERATED WITH <i>Edmond, Cecile</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>h</i> </div> </div> | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 210 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 52 | | | 84 | 23 |
| COUNTY | | Natchitochas | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | Head | 52 | | |
| Mary | | Wife | 48 | | |
| Robert | | Son | 10 | | |
| L. Robert | | Son | 7 | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|----|--|-----------------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 22 | BIRTHPLACE | E.D. 28 SHEET 6 |
| COUNTY | | East Baton Rouge | | CITY | |
| ENUMERATED WITH | | | | | |
| Moore Hanna | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15105-P61

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. SHEET |
| W | 50 | | 113 7 |
| COUNTY | | CITY | |
| Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Amalia | W | 45 | |
| Sydia | D | 31 | |
| Thuma | S | 23 | |
| Alice | D | 18 | |
| Levy | S | 17 | |
| Ada | D | 14 | |
| Bernadette | D | 12 | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| OTHER MEMBERS OF FAMILY | | | | CARD 2 OF 2 |
|-------------------------|--------------|-----|------------|-------------|
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Celina | D | 10 | | |
| Luma | D | 7 | | |
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FORM 10-3/b (4-20-61)

1910 CENSUS INDEX

FORM 10-3/0 (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15195-101

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 26 | BIRTHPLACE | |
| | | | | E.D. | 19 |
| | | | | SHEET | 17 |
| COUNTY | | Iberia | | CITY | |
| | | | | New Iberia | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucille | | W | 22 | | |
| Lawrence | | D | 3 | | |
| Charlotte | | D | 2 | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|-----------------|--|-----------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 22 | BIRTHPLACE | Leach Ave |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Sabina | | |
| RELATIONSHIP TO ABOVE | | | Leach Elizabeth | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC91M-NC 16189-P51

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| A202 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | C.D. | SHEET |
| B | 32 | | | 84 | 31 |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lena | | W | 22 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| L200 | | HEAD OF FAMILY
<i>Lemus</i> | | LOUISIANA | |
|-------------------------|------------------|--------------------------------|------------------------|------------------|--------------------|
| COLOR
<i>B</i> | AGE
<i>37</i> | BIRTHPLACE
<i>Armand</i> | | E.D.
<i>4</i> | SHEET
<i>22</i> |
| COUNTY
<i>Acadia</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Eleda</i> | | <i>W</i> | <i>38</i> | | |
| <i>Alexander</i> | | <i>S</i> | <i>17</i> | | |
| <i>Armond Jr.</i> | | <i>S</i> | <i>15</i> | | |
| <i>Annie</i> | | <i>D</i> | <i>14</i> | | |
| <i>William</i> | | <i>S</i> | <i>5</i> | | |
| <i>Lonia</i> | | <i>S</i> | <i>3</i> | | |
| <i>Celestine</i> | | <i>D</i> | <i>10</i>
<i>12</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|---------------|------------|------|
| 5200 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| W | 62 | Laiche Arment | | 67 |
| COUNTY | | CITY | | |
| St. James | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eve | W | 57 | | |
| Ema | S | 18 | | |
| Mary | D | 21 | | |
| Beole | D | 19 | | |
| Lma | D | 14 | | |
| Arment | S | 11 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| B | | 35 | | | 95 |
| COUNTY | | CITY | | SHEET | |
| St. Tammany | | Rensselaer | | 5 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Octavia | | D | 11 | | |
| Leona | | D | 9 | | |
| Margery | | D | 6 | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---------|------------|----|
| R200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 1 2 1/2 | BIRTHPLACE | |
| | | | | E.D. | 34 |
| | | | | SHEET | 14 |
| COUNTY | | | CITY | | |
| Concordia | | | | | |
| ENUMERATED WITH | | | | | |
| Williams, Armistead | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 15190-P61

| | | | | |
|-------------------------------|---------------------------------------|--------------|-------------------|-------------------|
| L200 | HEAD OF FAMILY
<i>Lewis Arnold</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>37</i> | BIRTHPLACE | E.O.
<i>83</i> | SHEET
<i>9</i> |
| COUNTY
<i>Natchitoches</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Walter</i> | | <i>W</i> | <i>32</i> | |
| <i>London</i> | | <i>S</i> | <i>9</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|----------------|------------|--------------|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 41 | BIRTHPLACE | Lewis Arnold |
| | | | | E.D. | 69 |
| | | | | SHEET | 9 |
| COUNTY | | | Do Soto | | |
| | | | CITY Mansfield | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mariah | | W | 32 | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|--|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Louis Ursine</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>50</i> | BIRTHPLACE | | E.O.
<i>128</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Martin</i> | | CITY
<i>Parbo</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Charles August</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input checked="" type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P81

| | | | | | |
|-------------------------|---|----------------|-----|------------|----------------|
| L208 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 25 | BIRTHPLACE | Lewis's Arthur |
| COUNTY | | Concordia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Fizzie | | W | 19 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis Arthur</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>19</i> | BIRTHPLACE | | E.O.
<i>74</i> | SHEET
<i>10</i> |
| COUNTY
<i>St. John the Baptist</i> | | CITY | | | |
| ENUMERATED WITH
<i>Smith Celestia</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SS</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18190-P41

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2300 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| mm | 10 | | | 20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | New Iberia | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alex, Charlie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | |
|---|------------------|-----------------------------|-------------------|
| NAME OF INDIVIDUAL
<i>Loos</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>19</i> | BIRTHPLACE
<i>Arthur</i> | E.D.
<i>12</i> |
| COUNTY | | SHEET
<i>10</i> | |
| CITY | | | |
| ENUMERATED WITH
<i>Ascension Millet</i> | | | |
| RELATIONSHIP TO ABOVE
<i>Adlard</i> | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>chr</i> </div> </div> | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18104-P61

| | | | | | |
|--|---|--|---|--|-----------|
| 1200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 2 | BIRTHPLACE | ascension |
| COUNTY | | CITY | | Donaldsonville | |
| ENUMERATED WITH | | | | | |
| Morse, Charles | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|---------------|-----------|------------|
| 200 | Lewis, Arthur | E.D. | SHEET |
| COLOR | AGE | 152 | 2 |
| B | 19 | | |
| COUNTY St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / Madam | W | 36 | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|--------------|------|------------|-------|
| L 208 | | HEAD OF FAMILY | | Louis Arthur | | LOUISIANA | |
| COLOR | B | AGE | 25 | BIRTHPLACE | E.D. | | SHEET |
| | | | | 38 | | 4 | |
| COUNTY | | | | Concordia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ann | | | | w | 23 | | |
| Alfred | | | | s | 6 | | |
| Tommy | | | | s | 3 | | |
| Sybil | | | | s | 2 | | |
| Gene | | | | s | 1 | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8208 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| MB | 12 | Lewis, Arthur | | 4 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Bicoville | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis, Ann | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18180-P01

| | | | | | |
|--|---|--------------------|---|------------|-------------|
| 724 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 9 | BIRTHPLACE | Miss |
| COUNTY | | East Baton Rouge | | CITY | Baton Rouge |
| ENUMERATED WITH | | | | | |
| Not Reported | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16106-P61

| | | | | | |
|---|------------------|--------------------|------|-------------|-------|
| 8200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 4 | BIRTHPLACE | It is |
| COUNTY | East Baton Rouge | | CITY | Baton Rouge | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input checked="" type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC046-DC 10100-P01

| L. 200
COLOR | | HEAD OF FAMILY
Lewis Arthur | | LOUISIANA
E.D. 35 | | SHEET 2 |
|----------------------------|--|--------------------------------|-----|----------------------|--|---------|
| B
AGE | | 38
BIRTHPLACE | | | | |
| COUNTY
East Baton Rouge | | CITY
La Baton Rouge Village | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Barrow, Etta | | G-D | 4 | | | |
| | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|--------------|------------|------------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| B | | 25 | Lewis Arthur | | 68 9 |
| COUNTY | | | CITY | | |
| Lincoln | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Hannah | | w | 19 | | |
| | | | | | |
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FORM 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2202 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 30 | | | 65 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Charles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self Alex | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
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| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-NC 10100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| P 207 | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NAME OF INDIVIDUAL
<i>Lewis, Arthur</i> | E.D. 86 SHEET 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>2</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Rapides</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis, George</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-PC-1

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 4 | | | 79 | 27 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Natchitoches | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Williams Sam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 30 | | 70 | 4 |
| COUNTY | | | CITY | | |
| Lincoln | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Jennie | | w | 28 | | |
| / Ella | | S-D | 2 | | |
| / Clara | | S-D | 4 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lejay Arthur</i> | | E.O.
64 | SHEET
6 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>YB</i> | AGE
<i>13</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Do Soto</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Lejay Lewis</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
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| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
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FORM 16-437 (4-20-61)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC94-DC 15195-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME OF INDIVIDUAL
<i>Louis Arthur</i> | | E.D.
<i>69</i> | SHEET
<i>21</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>20</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>De Soto</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Rascoe Jefferson</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
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FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| | | | | | |
|--|---|---|------------|---|-----|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 23 | E.O. | 129 |
| | | BIRTHPLACE | | SHEET | 8 |
| COUNTY | | | Washington | CITY | |
| ENUMERATED WITH | | | | | |
| Booker Bandal | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-29-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis, Arthur | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 28 | | | | |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 28 | | |
| | | | | | |
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| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 25 | | 137 | 15 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Victoria | | W | 23 | | |
| Joseph | | S | 3 | | |
| Lillian | | D | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| <i>A 200</i> | NAME OF INDIVIDUAL
<i>Louis Arthur</i> | | E.D.
<i>20</i> | SHEET
<i>18</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>17</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Baton Rouge</i> | CITY
<i>Baton Rouge</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Greg Carrie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (<i>Specify</i>)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (<i>Specify</i>) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (<i>Specify</i>) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 2700 | 30 | Louis, Arthur | 25 24 |
| COUNTY | | CITY | |
| Jefferson | | Mc Donoghville | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Victoria | W | 28 | |
| Albert | S | 10 | |
| Victoria | D | 8 | |
| Lena | D | 7 | |
| Case | D | 6 | |
| Latha | D | 2 | |
| Rosie | D | 1 | |

FORM 18-436 (4-20-51)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| LEWIS ARTHUR | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 45 | | | | |
| COUNTY | | JACKSON | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sallie | | w | 45 | | |
| Selena | | D | 16 | | |
| Amanda | | D | 5 | | |
| + 2 bro's | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|----------------|--|------------|--|
| L200 | | HEAD OF FAMILY | | Lacy, Arthur A | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| B | | 45 | | Ill | | 92 5 | |
| COUNTY | | | | St. Tammany | | CITY | |
| | | | | Madisonville | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| Colesa A | | | | W | | 30 | |
| Stafford A | | | | S | | 12 | |
| | | | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|------------------|-----------|------------|-------|
| <i>L 200</i> | | HEAD OF FAMILY | | LOUISIANA | |
| <i>Lewis</i> | | <i>Arthur C.</i> | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>W</i> | <i>28</i> | | | | |
| COUNTY | | CITY | | | |
| <i>Tangipahoa</i> | | <i>Amite</i> | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Ida W</i> | | <i>W</i> | <i>26</i> | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Lienx Arthur L</i> | | E.D.
<i>84</i> | SHEET
<i>23</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Pointe Coupee</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lienx Julia F</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louis, Arthur | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assumption | | Plattenville | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conner, Douglas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMAVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2200 | NAME OF INDIVIDUAL
<i>Lewis Artileano</i> | | E.D. 26 SHEET 21 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>15</i> | AGE
<i>1</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Clai borne</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Merritt Charlie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18189-P81

LOUISIANA

| | | | | | | | |
|-------------------------|---|----------------|-----|-------------|--|------|-------|
| 220 | | HEAD OF FAMILY | | Lewis Arven | | E.D. | SHEET |
| 56 | | 16 | | | | | |
| COLOR | B | AGE | 41 | BIRTHPLACE | | | |
| COUNTY | | | | Caddo | | | |
| CITY | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Mora | | w | 45 | | | | |
| Lynne | | s | 14 | | | | |
| Baldwin | | s | 12 | | | | |
| Mary | | d | 10 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|--------------|-------|
| L202 | HEAD OF FAMILY | E.O. | SHEET |
| | Lewis, Asa | 87 | 20 |
| COLOR | AGE | BIRTHPLACE | |
| B | 35 | | |
| COUNTY | St. Helena | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE |
| | Tobitha | w | 31 |
| | Bertie | D | 9 |
| | Minnie | D | 6 |
| | Asa, Jr. | S | 5 |
| | Willie | S | 2 |
| | | | |
| | | | |
| | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | NAME OF INDIVIDUAL
<i>Leura Atlas</i> | | E.D.
4 | SHEET
1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
6 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Assumption</i>
<i>Washington, Manuel</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16196-P61

| | |
|--|---|
| LOUISIANA | |
| NAME OF INDIVIDUAL | E.O. SHEET |
| <i>L200</i> | <i>98 7</i> |
| COLOR | AGE BIRTHPLACE |
| <i>B</i> | <i>25</i> |
| COUNTY | CITY |
| <i>Calcasieu</i> | <i>Jennings Town</i> |
| ENUMERATED WITH | |
| <i>Peppercom, Ben. H. B.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | <i>Renter</i> |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&GM-DC 18100-P01

LOUISIANA

| | | | | | |
|--|-----------|---|--|--|-------------|
| L200 | | NAME OF INDIVIDUAL
Lars August | | E.D.
12 | SHEET
10 |
| COLOR
W | AGE
21 | BIRTHPLACE | | | |
| COUNTY
Ascension | | CITY | | | |
| ENUMERATED WITH
Millet Adland | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> BROTHER (Specify)
Son | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P61

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
Louis August |
| E.D.
126 | SHEET
5 |
| COLOR
8 | AGE
5 |
| BIRTHPLACE | |
| COUNTY | CITY
St. Martin J. Martinsville |
| ENUMERATED WITH
Jones William | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
G C I | |

FORM 16-437 (6-29-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P61

LOUISIANA

| | | | |
|--|--|--|------------|
| 2200
NAME OF INDIVIDUAL
<i>Lewia Augusta</i> | | E.O.
86 | SHEET
7 |
| COLOR
B | AGE
22 | BIRTHPLACE | |
| COUNTY
St. Mary | | CITY | |
| ENUMERATED WITH
<i>Collins, Herbert J.</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (2-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCQM-DC 16195-P61

LOUISIANA

| | | | | |
|-------------------------|-------------------------------------|------------|----------------|-----------------|
| <i>A207</i> | HEAD OF FAMILY <i>Lewis Augusta</i> | | E.O. <i>66</i> | SHEET <i>16</i> |
| COLOR <i>B</i> | AGE <i>25</i> | BIRTHPLACE | | |
| COUNTY <i>St. James</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Rebecca</i> | <i>W</i> | <i>24</i> | | |
| <i>Elizabeth</i> | <i>D</i> | <i>5</i> | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | | 2220 | |
| COLOR | AGE | BIRTHPLACE | | | |
| Bk | 42 | | | | |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 30 | | |
| Isaac | | S | 6 | | |
| Mary | | D | 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--------------|--------------------------------|--|--|
| L 200 | NAME OF INDIVIDUAL
<i>Lewis Augustin</i> | | E.D.
<i>114</i> | SHEET
<i>22</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>10</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis John</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>B - N</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B - N</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B - N</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 19100-P01

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 58 | | 123 | 23 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Caroline | | w | 53 | | |
| Dallas | | s | 27 | | |
| Zack | | s | 19 | | |
| Joseph | | s | 15 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|---------|----------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | E.D. | SHEET |
| Louis | | Aurelian | | 23 | 12 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 44 | | | | |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Celicia | W | 34 | | |
| | Codiles | D | 18 | | |
| | Bertha | D | 16 | | |
| | Eugene | S | 14 | | |
| | Correne | D | 12 | | |
| | Duy | D | 10 | | |
| | Anna T. | D | 8 | | |

FORM 14-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------|--------------|------|------------|
| Theresa D | D | 6 | |
| Bernadette | D | 5 | |
| Myrtle | D | 3 | |
| Daurie | S | 2 | |
| Dolphin | S | 5/12 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC106A-10 1910-1911

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| 1200 | NAME OF INDIVIDUAL
<i>Louis, Amelia</i> | | E.D.
<i>72</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>2</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafayette</i> | | CITY
<i>Broussard</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Louis, Essate</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>6-C1</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>6-C1</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>6-C1</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16150-P01

LOUISIANA

| | | | | | | | |
|-------------------------|------------|----------------|-----|------------|--|-------|--|
| 8200 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| Lige Aurelie | | | | 133 | | 17 | |
| COLOR | W | AGE | 26 | BIRTHPLACE | | | |
| COUNTY | Vermillion | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Alice | | W | 24 | | | | |
| Edite | | D | 5 | | | | |
| Ketur | | D | 3 | | | | |
| Chia | | D | 1 | | | | |
| 4 1/4 m | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|---|---|--|-----------------|
| | | LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Louis Aurelia</i> | | E.D. 7 SHEET 25 |
| COLOR
<i>B</i> | AGE
<i>3</i> | BIRTHPLACE | |
| COUNTY
<i>Assumption</i> | | CITY | |
| ENUMERATED WITH
<i>Robertson Caroline</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18120-P61

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | E.D. | | SHEET |
| L200 Locke | | 113 | | 12 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 22 | | | |
| COUNTY | | CITY | | |
| St. Landry | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Katie | S. | 29 | | |
| Prames, Will | B | 19 | | |
| Plummer, Lee | N | 15 | | |
| White, Hattie | Ni | 8 | | |
| Weland, Isaac | Ni | 4 | | |
| 1 Joe | N | 20 | | |
| 1 Melinda | N | 54 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-----------------------------|---------------------------------------|--------------------|-------------------|
| <i>L 200</i> | HEAD OF FAMILY
<i>Lewis Austin</i> | E.D.
<i>110</i> | SHEET
<i>1</i> |
| COLOR
<i>mc</i> | AGE
<i>26</i> | BIRTHPLACE | |
| COUNTY
<i>St. Landry</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Nettie</i> | <i>w</i> | <i>25</i> | |
| | | | |
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FORM 16-536 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|---------------------------------------|-----------|------------|
| L 200 | HEAD OF FAMILY
<i>Lewis Austin</i> | | |
| E.D. 10 | SHEET 8 | | |
| COLOR
<i>MW</i> | AGE
<i>54</i> | | |
| BIRTHPLACE | | | |
| COUNTY | CITY | | |
| <i>Bienville</i> | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Ann</i> | <i>w</i> | <i>31</i> | |
| <i>Peggy</i> | <i>d</i> | <i>13</i> | |
| <i>James</i> | <i>s</i> | <i>11</i> | |
| <i>Lena</i> | <i>d</i> | <i>7</i> | |
| <i>Samuel</i> | <i>s</i> | <i>5</i> | |
| <i>Crockett</i> | <i>s</i> | <i>2</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------|----------------|------------|
| L200 | | HEAD OF FAMILY | |
| Lacy, Austin J. | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| B | 56 | | |
| COUNTY | Caddo | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mollie J | W | 54 | |
| Mollie J | S | 30 | |
| Edwards, Julia Lee | S | 27 | |
| Eloise | SD | 3 | |
| Cleveland | S | NR | |
| | | | |
| | | | |

FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL <i>Leach, Austin</i> |
| E.D. 146 | SHEET 7 |
| COLOR <i>W</i> | AGE <i>21</i> BIRTHPLACE |
| COUNTY | Vernon CITY |
| ENUMERATED WITH <i>Stephens, James S</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCONM-DC 1910-P61

LOUISIANA

| | | | |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL
<i>Larry, Arthur</i> | | E.O.
<i>104</i> | SHEET
<i>17</i> |
| COLOR
<i>W</i> | AGE
<i>25</i> | BIRTHPLACE
<i>Mo</i> | |
| COUNTY
<i>Ouachita</i> | | CITY
<i>Monroe</i> | |
| ENUMERATED WITH
<i>McCoy, W. C.</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0104-DC 1910-P61

| LOUISIANA | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| Lewis Author | | 56 | 14 |
| COLOR | AGE | BIRTHPLACE | |
| 8 | 19 | | |
| COUNTY | Jackson | CITY | |
| | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Partner | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|--|---|---|---|---|--|------|-------|
| 7200 | | NAME OF INDIVIDUAL | | Leach, Arthur M. | | E.O. | SHEET |
| 146 | | 25 | | | | | |
| COLOR | W | AGE | 8 | BIRTHPLACE | | | |
| COUNTY | | | | CITY | | | |
| Vernon | | | | | | | |
| ENUMERATED WITH | | | | | | | |
| Palmer, Leason | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&A-DC 1818B-P01

| | | | | LOUISIANA | |
|-------------------------|-----|----------------|----------|------------|-------|
| C200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lucea Antoino | | 90 | 7 |
| COLOR | AGE | BIRTHPLACE | | | |
| - W | 50 | St. | | | |
| COUNTY | | | CITY | | |
| St. Mary | | | Franklin | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Leon Russ Ave</i> | | E.O.
<i>54</i> | SHEET
<i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>55</i> | BIRTHPLACE
<i>Ark</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Jackson</i> | | CITY
<i>Jonesboro</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Kennedy, Preston H.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WOMAN</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WOMAN | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WOMAN | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18109-P61

| | | | | LOUISIANA | |
|-------------------------|-----|----------------|------|------------|-------|
| L200 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Leche | | 42 | 29 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 71 | | | | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Elouise | | W | 62 | | |
| / Elode | | D | 33 | | |
| / Adele | | D | 29 | | |
| / Landon | | S | 24 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|--|--|------|------|-------|
| L200 | | NAME OF INDIVIDUAL | | E.O. | SHEET |
| | | Louis Aze | | 84 | 13 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 22 | Miss. | | | |
| COUNTY | | | CITY | | |
| Madison | | | | | |
| ENUMERATED WITH | | | | | |
| W. Whitney W. F. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lauche Azale | | | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 38 | | | | |
| COUNTY | | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Tharin | | W | 36 | | |
| Callance | | S | 14 | | |
| Alice | | S | 13 | | |
| Nena | | S | 7 | | |
| Levy | | S | 6 | | |
| Annete | | S | 4 | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------|----------------|
| L 200 | HEAD OF FAMILY | | E.D. 4 SHEET 3 |
| | Lida Ogelia | | |
| COLOR w | AGE 61 | BIRTHPLACE | |
| COUNTY | Assumption | | CITY |
| Assumption | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| living alone | | | |
| | | | |
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B

| | |
|--|--|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Leigh B</i> |
| E.D.
58 | SHEET
2 |
| COLOR
<i>Mu</i> | AGE
8 |
| BIRTHPLACE | |
| COUNTY
<i>Cade</i> | CITY |
| ENUMERATED WITH
<i>Samuel Wm.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
_____ | |

FORM 18-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P81

LOUISIANA

| LOUISIANA | | | |
|-------------------------|----------------|------------|-----------------|
| <i>5200</i> | HEAD OF FAMILY | | E.D. <i>100</i> |
| COLOR <i>W</i> | AGE <i>5</i> | BIRTHPLACE | |
| COUNTY <i>Parish</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>John</i> | <i>Wife</i> | <i>45</i> | <i>La.</i> |
| <i>John</i> | <i>Son</i> | <i>15</i> | <i>La.</i> |
| <i>John</i> | <i>Son</i> | <i>10</i> | <i>La.</i> |
| <i>John</i> | <i>Son</i> | <i>5</i> | <i>La.</i> |
| <i>John</i> | <i>Son</i> | <i>1</i> | <i>La.</i> |
| <i>John</i> | <i>Son</i> | <i>1</i> | <i>La.</i> |
| <i>John</i> | <i>Son</i> | <i>1</i> | <i>La.</i> |
| <i>John</i> | <i>Son</i> | <i>1</i> | <i>La.</i> |
| <i>John</i> | <i>Son</i> | <i>1</i> | <i>La.</i> |
| <i>John</i> | <i>Son</i> | <i>1</i> | <i>La.</i> |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------------------------|--------------|-----------|------------|
| L200 | HEAD OF FAMILY <i>Lewis Oaky</i> | | E.D. 68 | SHEET 3 |
| COLOR <i>B</i> | AGE 23 | BIRTHPLACE | | |
| COUNTY Lincoln | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| | <i>Annie</i> | <i>w</i> | <i>22</i> | |
| | <i>Ada</i> | <i>D</i> | <i>5</i> | |
| | <i>Bessie</i> | <i>D</i> | <i>1</i> | |
| <i>Clark</i> | <i>Sue</i> | <i>M</i> | <i>55</i> | |
| <i>1</i> | <i>Milton</i> | <i>W</i> | <i>9</i> | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----------|----------------|--------------|------------|--|
| <i>200</i> | | HEAD OF FAMILY | | LOUISIANA | |
| <i>Lewis, Babe</i> | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>B</i> | <i>28</i> | <i>Miss</i> | | | |
| COUNTY | | CITY | | | |
| <i>Tensas</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Mary</i> | | <i>LC</i> | <i>21</i> | | |
| <i>2 Clara</i> | | <i>D</i> | <i>3</i> | | |
| <i>Stewart Lewis</i> | | <i>SD</i> | <i>6</i> | | |
| <i>Lewis, Carry</i> | | <i>D</i> | <i>4 1/2</i> | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|--------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | - LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>L200</i> | NAME OF INDIVIDUAL
<i>Lacke Pollossie Mrs</i> | | E.D. <i>68</i> SHEET <i>10</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>M</i> | AGE
<i>77</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. James</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lacke Ruiss</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18100-P61

| | | HEAD OF FAMILY | | LOUISIANA | |
|--------|--------------|----------------|-----|-------------------------|-------|
| L200 | | Lewis, Banks | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 32 | | | | |
| COUNTY | | Webster | | CITY | |
| | | Webster | | OTHER MEMBERS OF FAMILY | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Carrie | W | 38 | | |
| | William C | S | 18 | | |
| | Fannie Pearl | d | 14 | | |
| | Ellie May | d | 12 | | |
| | Corrie Bell | d | 10 | | |
| | Eddie V | d | 7 | | |
| | John O | S | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| 1 Rufus | 2 | 3 | |
| | | | |
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FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

115COM-40C 15198-1-61

LOUISIANA

| | | | | | |
|--|------------------|---|--|---|--------------------|
| 2200 | | NAME OF INDIVIDUAL
<i>Lewis, Barry</i> | | E.O.
<i>150</i> | SHEET
<i>13</i> |
| COLOR
<i>w</i> | AGE
<i>24</i> | BIRTHPLACE | | | |
| COUNTY
<i>Vernon</i> | | CITY | | | |
| ENUMERATED WITH
<i>Wesley, Henry L</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Luke Barsey</i> | | E.D.
27 | SHEET
8 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
30 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Caddo | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Griggely, Jerry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

LOUISIANA

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lewis, Box | | 17 | 15 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 39 | | | |
| COUNTY | | CITY | | |
| Bossier | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| / Fairlee | | w | 25 | Miss. |
| | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L200 | HEAD OF FAMILY | E.D. | SHEET |
| | Lewis Batiste | 131 | 25 |
| COLOR | AGE | BIRTHPLACE | |
| Mu | 42 | | |
| COUNTY | St. Martin | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Clemence | H | 44 | |
| Frank | S | 18 | |
| Edward | S | 17 | |
| Adolph | S | 16 | |
| Isidore | S | 14 | |
| Jimmie | S | 11 | |
| Albert | S | 9 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| HEAD OF FAMILY - CONTINUED | | CARD 2 OF 2 | |
|----------------------------|--------------|-------------|------------|
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Josephine | D | 7 | |
| Therese | D | 3 | |
| Marie | D | 1/2 | |
| | | | |
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FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15568-P61

| LOUISIANA | | | |
|-------------------------|----------------|--------------|---------------|
| L200 | HEAD OF FAMILY | | E.D. |
| | Louis Batiste | | 6 |
| COLOR | AGE | BIRTHPLACE | |
| B | 26 | | |
| COUNTY | Ascension | CITY | Bonnetonville |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | BIRTHPLACE |
| 1 Cleavia | | W | 25 |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Loring, Batt | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 37 | | | | |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Millie | | M | 37 | | |
| Dennis, Ellis | | S | 7 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Louis Beathise</i> | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>7</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Assumption</i> | | CITY
<i>Plattenville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Conner, Douglas</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15190-P61

| | | | | | |
|---|--|---|------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Leons, Beatrice</i> | | LOUISIANA | |
| COLOR
<i>Mk</i> | | AGE
<i>14</i> | BIRTHPLACE | | |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | | |
| ENUMERATED WITH
<i>Easley Samuel</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Louis Beatrice</i> |
| E.D.
25 | SHEET
1 |
| COLOR
8 | AGE
3 |
| BIRTHPLACE | |
| COUNTY | CITY |
| <i>Beauregard</i> | |
| ENUMERATED WITH | |
| <i>Bladney Jeff</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WEAVER
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (<i>Specify</i>) | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1910-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|----------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL
<i>Louis Beatrice</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>mu</i> | AGE
<i>7</i> | BIRTHPLACE | | F. D. SHEET
<i>29 4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Cade</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Brooks Lake</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>sd</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>sd</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>sd</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

| | | | | | |
|---|--|--|------------|-----------|-------|
| 800 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 12 | | 151 | 6 |
| COUNTY | | | CITY | | |
| Vernon | | | | | |
| ENUMERATED WITH | | | | | |
| Crofford, Thomas F | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTER-IN-LAW | | | | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|--------|----------------|------------|------------|-------|
| P 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 43 | Miss | 121 | 29 |
| COUNTY | Tensas | | Tensas | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Thomas, Matilda | | cook | 36 | Miss | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|---|------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| B | | 24 | | | 72 |
| COUNTY | | | SHEET | | |
| | | | 8 | | |
| CITY | | | En Soto | | |
| ENUMERATED WITH | | | | | |
| Jordan John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Cousin | |

FORM 10-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-4-DC 18189-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 53 | La | 3 | 10 |
| COUNTY | | | CITY | | |
| Bienville | | | Slideland | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Reed Mary | | W | 21 | | |
| ! Lotta | | SD | 6 | | |
| ! Mollie | | SD | 4 | | |
| Lipson Henry | | SD | 16 | | |
| Reed Harry | | SD | 27 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| 2200 | NAME OF INDIVIDUAL
<i>Louis, Bella B</i> |
| E.D.
75 | SHEET
14 |
| COLOR
B | AGE
6 |
| BIRTHPLACE | |
| COUNTY | CITY |
| Do Soto | |
| ENUMERATED WITH
<i>Buckley, J. J.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | | | | | |
|--|--|--------------|---|---------------------|--|--|--|-------|--|
| 2200
COLOR | | Lewis
AGE | | Belle
BIRTHPLACE | | LOUISIANA
E.D. | | SHEET | |
| 8 | | 1 | | | | 120 | | 7 | |
| COUNTY | | | | Tensas | | CITY | | | |
| ENUMERATED WITH | | | | | | | | | |
| Brown Isaac | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
G C I | | | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L. Loc
NAME OF INDIVIDUAL | | Louisiana, Belle
BIRTHPLACE | | LOUISIANA
E.D. | SHEET
152 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
West Feliciana | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Draney, William | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18185-P01

| | | | | | |
|-------------------------|--|-----------------------------------|------|------------|-------------|
| 200
COLOR | | HEAD OF FAMILY
Lachs Beltagore | | LOUISIANA | |
| B
AGE | | 48
BIRTHPLACE | | E.D.
61 | SHEET
18 |
| COUNTY
St. James | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Easter | | W | 38 | | |
| Brown Florastine | | SD | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| B | 45 | Bern | 82 17 |
| COUNTY | | CITY | |
| St. John the Baptist | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Julia | W | 43 | |
| Joseph Walker | sd | 20 | |
| Minors | sd | 17 | |
| Ella | sd | 16 | |
| Celest | sd | 12 | |
| Marcia Anne | W | 16 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----|------------------|------|------------|-------|
| L 200 | | HEAD OF FAMILY - | | LOUISIANA | |
| COLOR | 13 | AGE | 27 | BIRTHPLACE | |
| | | | | E.D. | SHEET |
| | | | | 32 | 12 |
| COUNTY | | | CITY | | |
| Concordia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| J. C. McEwen Lewis Camp | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|-----|------------|-----|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 38 | BIRTHPLACE | Ben |
| COUNTY | Assumption | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Elizabeth | | w | 43 | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | Ben | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 49 | | | | |
| COUNTY | Caddo | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Sallie | W | 50 | Tex | |
| | Ben Jr | S | 21 | | |
| | Torr | S | 17 | | |
| | Clara Lee | D | 16 | | |
| | Joseph | S | 30 | | |
| | Silla | D L | 24 | | |
| | Wallace | G S | 6 | | |

FORM 10-36 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| 1 Frank | GS | 5 | |
| Trigie | GD | 3 | |
| | | | |
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FORM 10-6366 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18106-P61

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 5200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 13 | | 44 | | 26 | 8 |
| BIRTHPLACE | | Lewis Ben | | | |
| COUNTY | | CITY | | | |
| East Baton Rouge | | Baton Rouge | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ediza | | W | 44 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 220 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 40 | | 13 | 29 |
| | | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Josephine | | W | 40 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|-----------------------------|------------|----------------------|--|----------|--|
| 2200
COLOR B | | HEAD OF FAMILY
Lewis Ben | | LOUISIANA
E.D. 78 | | SHEET 11 | |
| | | AGE
36 | BIRTHPLACE | | | | |
| COUNTY
Natchitoches | | | CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 Fannie | | 4 | 34 | | | | |
| 1 Ed | | | | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| L200 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--|----------------|------------|------------|-------|
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 59 | Miss | 179 | 10 |
| COUNTY | | | CITY | | |
| Tensas | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | | | | | |
| 2 | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2200 | NAME OF INDIVIDUAL
<i>Lacy Ben</i> | | E.D.
85 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
13 | AGE
18 | BIRTHPLACE | SHEET
11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Rapides | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Johnson William</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 16193-P-91

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 45 | Ga | 57 | 16 |
| COUNTY | | | Werville | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Junie | | W | 40 | | |
| Edgard | | A | 16 | | |
| Mott | | D | 14 | | |
| Faulk | | S | 11 | | |
| Emma | | W | 4 | | |
| Johnson, Emeline | | W | 12 | | |
| Allen | | A | 14 | | |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| Liao Ben | | | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 8 | 28 | | | | |
| COUNTY | | | CITY | | |
| De Soto | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 31 | | |
| Johnnie | | S | 14 | | |
| Richmond | | S | 9 | | |
| Bertie | | S | 4 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-21)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E. D. | SHEET |
| B | | 30 | | 88 | 6 |
| COUNTY | | | CITY | | |
| Rapides | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annie | | W | 24 | | |
| Willie | | S | 2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|-----|------------|-------|
| 1200 | | LOUISIANA | |
| NAME OF INDIVIDUAL | | E.O. | SHEET |
| Louis, Ben | | 54 | 15 |
| COLOR | AGE | BIRTHPLACE | |
| B | 4 | | |
| COUNTY | | CITY | |
| Iberville | | | |
| ENUMERATED WITH | | | |
| Nelson, William | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
S | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL
<i>Lewis Ben</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>18</i> | BIRTHPLACE | | E.O.
<i>133</i> | SHEET
<i>18</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lee Guss R</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|--|--|-------------------|
| K202 | | NAME OF INDIVIDUAL
<i>Lewis Benjamin</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>14</i> | BIRTHPLACE | | E.D.
<i>19</i> | SHEET
<i>3</i> |
| COUNTY | | CITY | | | |
| ENUMERATED WITH
<i>Henderson Elizabeth</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INSANE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | | | | |
|--|------------------|---|--|--|--|
| 2200 | | NAME OF INDIVIDUAL
<i>Lewis, Benjamin</i> | | LOUISIANA | |
| E.D.
<i>115</i> | | SHEET
<i>9</i> | | | |
| COLOR
<i>B</i> | AGE
<i>23</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Barbee, William</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>AA</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

| | | | | | |
|--|--|---|------------|--|-------|
| 9200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 12 | | 10712 | |
| COUNTY | | | CITY | | |
| Tangipahoa | | | Kentwood | | |
| ENUMERATED WITH | | | | | |
| Elzey Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDWATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 10-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18105-P61

| | | | | | |
|--|---|---|-----------|---|----|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 10 | ED. | 42 |
| | | BIRTHPLACE | | SHEET 15 | |
| COUNTY | | | Lafourche | CITY | |
| ENUMERATED WITH | | | | | |
| Butler John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SA | |

FORM 18-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Leves Benjamin | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 65 | Miss | | | |
| COUNTY | | CITY | | | |
| Rapides | | Alexandria | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Francis W | | | 62 | Miss | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Leura Benjamin</i> |
| E.D.
121 | SHEET
2 |
| COLOR
W | AGE
34 |
| BIRTHPLACE | |
| COUNTY
Webster | CITY |
| ENUMERATED WITH
<i>Rochester Marshall</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>N.M.</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-PC 16199-P01

| | | | | | |
|-------------------------|-----------|-----------------------|-----------|------------|------------|
| <i>Hand</i> | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| <i>W</i> | <i>25</i> | <i>James Benjamin</i> | | <i>7</i> | <i>108</i> |
| COUNTY | | CITY | | | |
| <i>Tangipahoa</i> | | <i>Kentwood</i> | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Alia</i> | | <i>K</i> | <i>17</i> | | |
| <i>Anna</i> | | <i>D</i> | <i>5</i> | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| Locke, Benj, T | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 45 | Ark. | 86 3 |
| COUNTY | Natchitoches | | |
| | CITY | | |
| | Mottville | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Bennie | W | 38 | |
| Don | S | 18 | |
| Albert | S | 16 | |
| Benj | S | 12 | |
| | | | |
| | | | |
| | | | |

FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|----|------------|-----------------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 29 | BIRTHPLACE | E.D. 88 SHEET 2 |
| COUNTY | | St. Mary | | CITY | |
| ENUMERATED WITH | | | | | |
| Blackburn John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NEECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

Form 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

| | | | | | |
|---|---|--|----|--|--------------|
| L900 | | NAME <input checked="" type="checkbox"/> INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 74 | BIRTHPLACE | Benois |
| COUNTY | | Merrville | | CITY | Keyser Villi |
| ENUMERATED WITH | | | | | |
| Louis Robt | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NICE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|--|------------------|---|--|---|--------------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Lewis Bennie</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>14</i> | BIRTHPLACE | | E.D.
<i>68</i> | SHEET
<i>10</i> |
| COUNTY
<i>Lincoln</i> | | CITY | | | |
| ENUMERATED WITH
<i>Washington Lewis</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> BOARDER
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SS</i> | |

FORM 16-437 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|------|-----------|----|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 21 | E.O. | 37 |
| | | BIRTHPLACE | | SHEET | 14 |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | | | |
| ENUMERATED WITH | | | | | |
| Lewis Isiah | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> WMA TE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | | | | | |
| Step Son | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|---|-------------------|--------------------|
| 1302 | | NAME OF INDIVIDUAL
<i>Leuris, Bonnie</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>28</i> | BIRTHPLACE | | E.D.
<i>27</i> | SHEET
<i>33</i> |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
<i>Jefferson</i> | | | | | |
| RELATIONSHIP TO ABOVE
<i>Benarby, Robert</i> | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | |
| | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<i>20</i> | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCORN-DC 18100-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| B | 28 | | | 27 | 8 |
| COUNTY | | Clai borne | | CITY | |
| | | | | Homer | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary Anne | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 21 | Miss | 43 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| East Carroll | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harmon Frederic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| LEO
COLOR 13 | | NAME OF INDIVIDUAL
Lewis Berdia | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE 71 R | | BIRTHPLACE | | E.D.
133 | SHEET
19 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Winn | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Lewis Oliver L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|--|-----|--|------|--|-------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| me | 19 | Louis Bernadette | | 132 | 43 |
| COUNTY | | | CITY | | |
| ST. Martin | | | | | |
| ENUMERATED WITH | | | | | |
| Louis Darnville | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | | |
|---|---------------|--|--|------------|-------------|
| L200 | | NAME OF INDIVIDUAL
Lewis Bernadette | | LOUISIANA | |
| COLOR
- B | AGE
11 1/2 | BIRTHPLACE | | E.D.
76 | SHEET
14 |
| COUNTY
Lafayette | | CITY | | | |
| ENUMERATED WITH
- Bill Jough | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input checked="" type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC6024-DC 10100-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 26 | | | 74 | 15 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pennie | | 4 | 22 | | |
| Nettie | | D | 5 | | |
| Edward | | S | 4 | | |
| Herbert | | S | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 202 | | NAME OF INDIVIDUAL
<i>Lewis</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
8 | AGE
9 | BIRTHPLACE
<i>Busta</i> | | E.D.
25 | SHEET
1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Bossier</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Gladys Jeff</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCEN-DC 1910-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mu | 24 | | | 20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Iberia | | New Iberia | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alex, Charlie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P01

| | | | | | |
|--|-----|--|--|--|-------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 13 | Bertha | | 38 | 44 |
| COUNTY | | CITY | | | |
| Lafourche | | Thibodaux | | | |
| ENUMERATED WITH | | | | | |
| Kane, Morris | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|--|---|---|----|--|----|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 19 | BIRTHPLACE | 69 |
| | | | | SHEET 8 | |
| COUNTY | | Lincoln | | CITY | |
| | | | | Kusla | |
| ENUMERATED WITH | | | | | |
| Ed Emmett K. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|----------------|-----|------------|----|
| 9202 | | HEAD OF FAMILY | | Louis, Bestman | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | | E.D. | 90 |
| | | | | | | SHEET | 4 |
| COUNTY | | | | St. Helena | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Singleton, Minerva | | | | m | 63 | | |
| 10 Sula | | | | Si | 20 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|--------------------|--------------|-----------|-------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 13 | | 4 | | 84 | 19 |
| COUNTY | | | Natchitoches | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| 7200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 23 | | 80 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rapides | | | Alexandria | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hawthorne John W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOW-DC 15106-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 7M | 27 | Michigan | | 123 | 15 |
| COUNTY | | ST. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Semian Adam | | 2 | 5 | | |
| / Corina | | d | 3 | | |
| Bertha | | d | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 18 | als | | 44 | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| East Carroll | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lousay Robert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16106-P61

| | | | | | |
|---|---|---|---|--|----------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 4 | BIRTHPLACE | Bessie O |
| COUNTY | | Clai borne | | CITY | |
| ENUMERATED WITH | | | | | |
| Lew.s Loretta | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 10100-P01

| | | | | | |
|--|------------------|---|--|---|--------------------|
| 220 | | NAME OF INDIVIDUAL
<i>Locke Bessy</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>66</i> | BIRTHPLACE | | E.D.
<i>9c</i> | SHEET
<i>13</i> |
| COUNTY
<i>Ouachita</i> | | CITY | | | |
| ENUMERATED WITH
<i>Wesson Charlie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

| | | | | | |
|--|---|--------------------|----|-----------|----|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 18 | E.D. | 75 |
| | | BIRTHPLACE | | SHEET 4 | |
| COUNTY | | Pointe Coupee | | CITY | |
| ENUMERATED WITH | | | | | |
| Hamilton Hilton | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SD | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1919-P-91

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| B | 40 | | | 70 | 3 |
| COUNTY | | CITY | | | |
| | | St. James | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Gibson, Willie | | S | 16 | | |
| Butler, Ophelia | | D | 9 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|------|---|----|
| 120 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 12 | E.D. | 13 |
| | | BIRTHPLACE | | SHEET 22 | |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| ENUMERATED WITH | | | | | |
| Aikens Herbert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |
| | | | | Step A. | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16185-P81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 44 | | | 8 | 23 |
| COUNTY | | Asconsion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Taylor, Julian | | M | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|--|-----------|-------|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| B | 1 | | | 38 | 5 |
| COUNTY | | CITY | | | |
| | | Lafourche | | Thibodaux | |
| ENUMERATED WITH | | | | | |
| Mannuel, Jessica | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> WIFE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|--|------------------|---|------|---|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis Bettie</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>10</i> | BIRTHPLACE | | E.O.
<i>56</i> | SHEET
<i>15</i> |
| COUNTY
<i>Caddo</i> | | | CITY | | |
| ENUMERATED WITH
<i>Lewis Irene</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>adopted</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15106-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------------------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| SEX
<i>M</i> | | NAME OF INDIVIDUAL
<i>Lewis Bettie</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>21</i> | BIRTHPLACE | | E.D.
<i>104</i> | SHEET
<i>30</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Ouachita</i> | | | CITY
<i>Monroe</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Harris, Ido</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 29 | | 114 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Webster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sexton Henry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>D</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | D | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | D | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18109-P-61

| | | | | | |
|--|--|---|------|---|-------------|
| L200
COLOR | | NAME OF INDIVIDUAL
Louis Beulah | | E.O.
54 | SHEET
16 |
| AGE
6 | | BIRTHPLACE | | | |
| COUNTY
Iberville | | | CITY | | |
| ENUMERATED WITH
Hanson, Jacob | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16196-P61

| | | | | | |
|---|-----|--------------------|------|-----------|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLORED | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 26 | ala | 44 | 11 | |
| COUNTY | | | CITY | | |
| East Carroll | | | | | |
| ENUMERATED WITH | | | | | |
| Lansy Balut | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
B | | | | | |

FORM 16-637 16-20-611

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P61

| | | | | | |
|--|-----|---|------|---|--|
| 6200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 12 | | 72 | 9 | |
| COUNTY | | CITY | | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Willie, Roseway | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NEECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|--|----------------|----------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 52 | | 6 | 5 |
| COUNTY | | | CITY | | |
| Ascension | | | Donaldsonville | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 48 | | |
| Peter | | S | 28 | | |
| Joseph | | S | 21 | | |
| Regatta | | D | 17 | | |
| Alberta | | D | 16 | | |
| Arthur | | S | 13 | | |

| | | | | LOUISIANA | |
|-------------------------|----------|----------------|------|------------|-------|
| L200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lewis Birriel | | 141 | 2 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 45 | Tex | | | |
| COUNTY | | | CITY | | |
| Union | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Nancy | M | 40 | | |
| | Alphus | S | 24 | | |
| | Elmer | S | 21 | | |
| | Alphus | S | 18 | | |
| | Ollie | S | 15 | | |
| | McKinley | S | 13 | | |
| | Bertie | S | 11 | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Willie | S | 9 | |
| Battie | D | 6 | |
| Ellie | D | 4 | |
| Neomy | D | 2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

LOUISIANA

| | | | | |
|--|---|--|------------|------------|
| L200 | NAME OF INDIVIDUAL
<i>Louis Birdie</i> | | E.D.
50 | SHEET
1 |
| COLOR
<i>W</i> | AGE
<i>18</i> | BIRTHPLACE | | |
| COUNTY
<i>Theriot</i> | | CITY | | |
| ENUMERATED WITH
<i>Blanchard Philip</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | |

FORM 16-437 (4-19-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16106-P61

LOUISIANA

| | | | | |
|--|--|--|--------------------|--------------------|
| <i>L200</i> | NAME OF INDIVIDUAL
<i>Lynch, Birdie</i> | | E.D.
<i>109</i> | SHEET
<i>23</i> |
| COLOR
<i>B</i> | AGE
<i>11</i> | BIRTHPLACE | | |
| COUNTY
<i>Sabine</i> | | CITY | | |
| ENUMERATED WITH
<i>Maguire, Lewis</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

Form 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L 200 | HEAD OF FAMILY | | E.O. | SHEET |
| | Lacy Blain | | 75 | 17 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 29 | Miss | | |
| COUNTY | | CITY | | |
| | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Annie D | | W | 21 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 200 | NAME OF INDIVIDUAL
<i>Lewis Blanton</i> | | E.O.
<i>71</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>me</i> | AGE
<i>8</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lincoln</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis John L.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910B-P41

| | | LOUISIANA | |
|-------------------------|----------------|-------------|------------|
| L-200 | HEAD OF FAMILY | Lewis Blond | |
| E.D. | SHEET | 25 | 12 |
| COLOR | AGE | BIRTHPLACE | |
| B | 37 | | |
| COUNTY | Avoyelles | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Laurina | w | 33 | |
| Leroy | s | 13 | |
| Henry | s | 14 | |
| Roselee | d | 12 | |
| Blond Jr | s | 10 | |
| Shelby | s | 8 | |
| Johnny | s | 5 | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-----------|----------------|-----|------------|-------|
| L 200 | | Lewis, Blount | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 34 | 15- |
| B | 37 | | | | |
| COUNTY | Caddo | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Anne | W | 38 | | |
| | Lu Julius | S | 14 | | |
| | Lopora | D | 12 | | |
| | Blount | S | 9 | | |
| | Penny | D | 5 | | |
| | Thel | S | 3 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----------|------------|--|
| <i>L...</i> | | HEAD OF FAMILY | | LOUISIANA | |
| <i>Louis. Bob</i> | | E.D. | | SHEET | |
| <i>108</i> | | <i>14</i> | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>B</i> | <i>26</i> | | | | |
| COUNTY | CITY | | | | |
| <i>Ouachita</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Emma</i> | | <i>W</i> | <i>27</i> | | |
| <i>Aggie</i> | | <i>D</i> | <i>7</i> | | |
| <i>Lottie</i> | | <i>D</i> | <i>5</i> | | |
| <i>Carthy</i> | | <i>S</i> | <i>4</i> | | |
| <i>Beatrice</i> | | <i>D</i> | <i>2</i> | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------|--|------|--|------------|--|-------|--|----------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| P200 | | NAME OF INDIVIDUAL | | Lock, Bobbie | | E.O. | | 75 | | SHEET | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | W | | AGE | | 17 | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | Lincoln | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | Gibson, John R | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><u>HM</u></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>HM</u> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>HM</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| C200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Louis Bonner | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 52 | | | | |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | | w | 25 | | |
| Gray, Frank | | S | 5 | | |
| Louise, Minnie | | S | 3 | | |
| | | | | | |
| | | | | | |
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FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------------------------------|-------------|--------------------------------|
| L100 | HEAD OF FAMILY
<i>Louis Brown</i> | | E.D. SHEET
<i>41 11</i> |
| COLOR | AGE | BIRTHPLACE | |
| <i>B</i> | <i>47</i> | <i>U.S.</i> | |
| COUNTY | East Carroll | | CITY
<i>Lake Providence</i> |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1. Ella Little</i> | <i>D</i> | <i>18</i> | |
| | | | |
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Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|---------------------------------|--------------|------------------|
| 200 | HEAD OF FAMILY
Louis Bonnard | | E.D. 68 SHEET 12 |
| COLOR
B | AGE
22 | BIRTHPLACE | |
| COUNTY
St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| 1 Victorie | | W | 18 |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L 200 | HEAD OF FAMILY | E.D. | SHEET |
| | LOUIS BRADAY | 5 | 5 |
| COLOR | AGE | BIRTHPLACE | |
| B | 25 | Tex | |
| COUNTY | CITY | | |
| Acadia | Iota | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / Lucy | W | 21 | |
| JAMES | S | 4 | |
| ETTA | D | 2 | |
| + 2 Boarding | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|--|--|------|--|-------------|
| L220
COLOR | | NAME OF INDIVIDUAL
William Briles | | E.O.
62 | SHEET
19 |
| AGE
3 | | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
Coates Isaac | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NICE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-630 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCQAM-DC 18122-P03

| | | | | | |
|--|-----|----------------|------|------------|--|
| 6200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lacy Brickle | | E.D. | | SHEET | |
| 9 | | 23 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 55 | | | | |
| COUNTY | | | CITY | | |
| Registration
OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jannie | | w | 55 | | |
| Claudine | | d | 16 | | |
| Henry | | s | 14 | | |
| Leonice | | s | 12 | | |
| Rufflo | | s | 10 | | |
| Ophelia | | d | 8 | | |
| | | | | | |

LOUISIANA

| | | | | | |
|--|--|---|------|--|--------------------|
| <i>L200</i>
COLOR | | NAME OF INDIVIDUAL
<i>Lace Broodua</i> | | E.D.
<i>88</i> | SHEET
<i>16</i> |
| <i>13</i>
AGE | | BIRTHPLACE | | | |
| COUNTY
<i>Morehouse</i> | | | CITY | | |
| ENUMERATED WITH
<i>Haws Alfred B.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>None</i> | |

FORM 10-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-PC1

| LOUISIANA | | | |
|-------------------------|----------------------------|-----|------------|
| 200 | HEAD OF FAMILY Luke Brooks | | |
| E.D. 97 | SHEET 7 | | |
| COLOR B | AGE 23 | | |
| BIRTHPLACE | | | |
| COUNTY Red River | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Cattie | W | 19 | |
| Sidney | S | 2 | |
| | | | |
| | | | |
| | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|--|
| 2340 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Brooks | | E.D. | | SHEET | |
| 3 | | 2 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 25 | | | | |
| COUNTY | Bienville | CITY Likeland | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Annie | | w | 22 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|----------|----------------|------|------------|-------|
| L-200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Luke Brasseur | | 26 | 5 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 36 | | | | |
| COUNTY | | | CITY | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Edith | | W | 19 | | |
| Dallas | | S | 3 | | |
| Grades | | D | 1 | | |
| Miguel | Eda | Niece | 12 | | |
| Brasseur | Faustine | Nephew | 7 | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 200 | | NAME OF INDIVIDUAL
<i>Lewis Curren</i> | | E.O.
79 | SHEET
3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
3 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lincoln</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis Mc Lane Iyer</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|-----------|-------|
| 9200 | | HEAD OF FAMILY | | Louis Bryant | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.O. | SHEET |
| B | | 49 | | | | 101 | 35 |
| COUNTY | | | | CITY | | | |
| Ouachita | | | | Monroe | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Angeline | | | | D | | 20 | |
| Emma | | | | D | | 11 | |
| Carnie | | | | D | | 8 | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------------------------|------------------|
| LOUISIANA | |
| L200 | HEAD OF FAMILY |
| Lacy, Buck | E.D. 83 SHEET 12 |
| COLOR B | AGE 56 |
| BIRTHPLACE Va | |
| COUNTY Rapides | CITY |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| Fannie W | 53 |
| Triplet, James | 32 |
| Suburban William | 26 |
| Adriane | 26 |
| Bessie | 2 |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Leach, Buck</i> |
| E.D.
34 | SHEET
5- |
| COLOR
W | AGE
20 |
| BIRTHPLACE
<i>Ind</i> | |
| COUNTY
<i>Caddo</i> | CITY |
| ENUMERATED WITH
<i>Lunsford, Ambros J.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

Form 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18196-P61

| | | | | LOUISIANA | |
|-------------------------|--------|--------------|-------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| James, Bud | | 22 | 7 | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 30 | | | | |
| COUNTY | Iberia | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wesley | | S | 22 | | |
| Robert | | S | 20 | | |
| Mackey | | S | 18 | | |
| | | | | | |
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FORM 10-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|---|---|--|--------------------|--------------------|
| L200 | NAME OF INDIVIDUAL
<i>Lewis Butler</i> | | E.D.
<i>115</i> | SHEET
<i>27</i> |
| COLOR
<i>B</i> | AGE
<i>10</i> | BIRTHPLACE | | |
| COUNTY
<i>Webster</i> | | CITY | | |
| ENUMERATED WITH
<i>Howard Lewis</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | NAME OF INDIVIDUAL
<i>Lewis Bulla</i> | | E.D.
103 | SHEET
23 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>4</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY
<i>Opelousas</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Moore Adam</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)
<i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)
<i>SD</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)
<i>SD</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCONS-DC 18105-P61

LOUISIANA

| | | | |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL
<i>Lrop Lewis Burey</i> | | E.D.
<i>34</i> | SHEET
<i>18</i> |
| COLOR
<i>B</i> | AGE
<i>27</i> | BIRTHPLACE | |
| COUNTY
<i>East Baton Rouge</i> | | CITY | |
| ENUMERATED WITH
<i>Smith, Allie</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16106-P61

| | | | | | |
|--|-----------|--|--|--|-------------|
| 2200 | | NAME OF INDIVIDUAL
<i>Lewis, Burtha</i> | | E.D.
34 | SHEET
18 |
| COLOR
<i>B</i> | AGE
18 | BIRTHPLACE | | | |
| COUNTY
<i>East Baton Rouge</i> | | CITY | | | |
| ENUMERATED WITH
<i>Smith, Aelise</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 19-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1210-P-61

| | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.O. | SHEET |
| L200 | Lewis Burton | 44 | 33 |
| COLOR | AGE | BIRTHPLACE | |
| B | 34 | | |
| COUNTY | | CITY | |
| Calcasieu | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Mollie | W | 30 | |
| James | S | 10 | |
| Harry | D | 9 | Tex |
| Mark | S | 7 | |
| B. G. | S | 5 | |
| | | | |
| | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|-------------------|-----|------------|--|------|-------|
| L 2002 | | HEAD OF FAMILY | | Louisiana | | E.D. | SHEET |
| COLOR | B | AGE | 27 | BIRTHPLACE | | 38 | 8 |
| COUNTY | | | | Concordia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE | | | |
| Laverna | | W | 37 | | | | |
| Jessie | | D | 13 | | | | |
| Wesley | | S | 8 | | | | |
| Ella J | | S | 8 | | | | |
| Violet | | D | 6 | | | | |
| Arthur | | S | 5 | | | | |
| Lillian | | S | 2 | | | | |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|---------------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | <i>Lewis Buster</i> | | 94 | 6 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 22 | | | | |
| COUNTY | | Rapides | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>living alone</i> | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis, Butler | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 62 | | | | |
| COUNTY | | | CITY | | |
| Iberville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

C

C

C

| | | | | | |
|--|-----------|--|-------------------|--|-------------|
| R 200 | | NAME OF INDIVIDUAL
Lewis C B | | LOUISIANA | |
| COLOR
W | AGE
25 | BIRTHPLACE | | E.O.
78 | SHEET
11 |
| COUNTY | | | CITY
Morgansza | | |
| ENUMERATED WITH
Points Camp
M - Amely, W O B | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 15199-P61

| | | | | | | | | | |
|---|---|--------------------|----|------------|--|-------|--|--------|--|
| Lavo | | NAME OF INDIVIDUAL | | Louisiana | | E.O. | | SHEET | |
| COLOR | W | AGE | 70 | BIRTHPLACE | | C. H. | | 118 13 | |
| COUNTY | | | | Richland | | CITY | | | |
| ENUMERATED WITH | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input checked="" type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P51

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| 200 | Lewis, O. L. | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 51 | Miss | |
| COUNTY | CITY | | |
| Calcasieu | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Sarah Jane | W | 43 | |
| Rosa C. | D | 19 | |
| Madison | S | 18 | |
| E. Albert | S | 16 | |
| Galley | D | 13 | |
| Hattie | D | 8 | |
| Rosie | D | 4 | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| C200 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| White | 51 | | | 93 | 19 |
| COUNTY | | St. Mary | | CITY | |
| | | | | Patterson | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|------|---|-------|
| 8202 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| 8 | 17 | | | 12 | 18 |
| COUNTY | | | CITY | | |
| Bossier | | | | | |
| ENUMERATED WITH | | | | | |
| Sandy d.C. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
helper | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC000-DC 18100-P01

LOUISIANA

| | | | | | |
|--|------------------|---|--|---|--------------------|
| R200 | | NAME OF INDIVIDUAL
<i>Louis Cadelle</i> | | E.D.
<i>82</i> | SHEET
<i>25</i> |
| COLOR
<i>B</i> | AGE
<i>32</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. John the Baptist</i> | | CITY | | | |
| ENUMERATED WITH
<i>Jones Thon</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| | | | | | | |
|-------------------------|----------------|--------------|------------|------------|-----------|-------|
| 5200 | HEAD OF FAMILY | | Leach Gage | | LOUISIANA | |
| COLOR | h | AGE | 21 | BIRTHPLACE | E.O. | SHEET |
| | | | | | 102 | 13 |
| COUNTY | | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| | Tammie | W | 26 | | | |
| | Tom | S | 8 | | | |
| | Robert | S | 6 | | | |
| | Emily | S | 4 | | | |
| | Sadie | D | 2 | | | |
| | Flossie | D | 1/12 | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|-------------|--|
| 2302 | | HEAD OF FAMILY | | Leach Caloway | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E. D. SHEET | |
| W | | 50 | | Ala | | 102 14 | |
| COUNTY | | | | CITY | | | |
| Sabino | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Sabine | | | | | | | |
| / Mathe | | W | | 24 | | Tex | |
| Dazie | | S | | 11 | | | |
| Willie | | S | | 5 1/2 | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Louis Calom | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 56 | | | | |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Mary | | W #1 | 49 | | |
| Bertha | | D 2 | 26 | | |
| Morris Stella | | S D | 5 | | |
| Blandine Hortense | | M L | 71 | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| 200 | | HEAD OF FAMILY | | Leuro, Calv | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| B | | 19 | | | | 91 14 | |
| COUNTY | | | | Morehouse | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Living alone | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis | | Calvin | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 23 | 5 |
| B | 21 | | | | |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Florida T | | w | 19 | | |
| Jerome L | | S | 1 1/2 | | |
| | | | | | |
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FORM 10-636 (4-30-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|---------------------|------------|---------------------------------|
| HEAD OF FAMILY | | LOUISIANA | |
| <i>Lee</i> | <i>Leura Calvin</i> | | E.D. <i>101</i> SHEET <i>22</i> |
| COLOR <i>B</i> | AGE <i>40</i> | BIRTHPLACE | |
| COUNTY | <i>Ouachita</i> | CITY | <i>Monroe</i> |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>/ Mary</i> | <i>W</i> | <i>34</i> | |
| <i>/ Chasie</i> | <i>M</i> | <i>63</i> | |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|------------|-----------|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lase | | Coulis | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 12 | 10 |
| W | 19 | | | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Asconsist. | | |
| Millet | | | allard | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Daughter | | | | | |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| LOUISIANA | | | |
|-------------------------|------------------------------------|-----------|------------|
| L200 | HEAD OF FAMILY <i>Lake, Carter</i> | | |
| E.D. 39 | SHEET 20 | | |
| COLOR B | AGE 25 | | |
| BIRTHPLACE | | | |
| COUNTY East Carroll | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Therese</i> | <i>W</i> | <i>27</i> | <i>La</i> |
| <i>Cassie</i> | <i>D</i> | <i>3</i> | |
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| <i>Boards</i> | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
Lester Carr |
| E.O. 11 | SHEET 7 |
| COLOR
B | AGE
9 |
| BIRTHPLACE | |
| COUNTY
Ascension | CITY |
| ENUMERATED WITH
Roberson Polly | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1810-P61

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| 2200 | | HEAD OF FAMILY | | Lewis Corbly | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 30 | | Canada | | 107 1 | |
| COUNTY | | | | Tangipahoa | | CITY | |
| | | | | Kentwood | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| 3 Le | | | | | | | |
| 3 P | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. SHEET |
| B | | 37 | | | 41 7 |
| COUNTY | | | CITY | | |
| East Feliciana | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rosen | | W | 26 | | |
| Bessie | | D | 8 | | |
| Bolin | | S | 6 | | |
| Walter | | S | 5 | | |
| Walter | | S | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|--|--|---|------|-----------|---------|---------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L 206 | | NAME OF INDIVIDUAL <i>Lewis Carmel</i> | | LOUISIANA | E.D. 88 | SHEET 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>Mu</i> | AGE 13 | BIRTHPLACE <i>Ark</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | <i>Morehouse</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Holmes Tom</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1200 | | NAME OF INDIVIDUAL
<i>Louis Carmen</i> | | E.D.
<i>29</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>32</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Jefferson</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Green John</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)
<i>sd</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>sd</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>sd</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

1910 CENSUS - INDEX 1810B-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis Carroile | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 37 | | | | |
| COUNTY | | CITY | | | |
| St. Bernard | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Louise | D | 17 | | | |
| Bill | S | 14 | | | |
| Lena | D | 11 | | | |
| Emile | S | 7 | | | |
| Stella | D | 6 | | | |
| John | S | 4 | | | |
| Erle | S | 2 | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|------------------------|-----------|------------|-------|
| <i>Leo</i> | | HEAD OF FAMILY | | LOUISIANA | |
| | | <i>Leona Perreille</i> | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>B</i> | <i>27</i> | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Jerome</i> | | <i>w</i> | <i>26</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-200 | NAME OF INDIVIDUAL
<i>Louis Caroline</i> | | E.O.
<i>23</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>75</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Avoyelles</i> | <i>Avoyell</i> | CITY
<i>Plaquemine</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Louis Abide</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMB-DC 18188-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | Caroline | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 36 | 31 |
| B | 38 | | | | |
| COUNTY | | CITY | | | |
| Calcasieu | | Lake Charles | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Virginia | | D | 20 | | |
| / Stella | | D | 17 | | |
| / Ruby | | D | 1 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|--------|------------|-------|
| L-200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis, Carrie | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 26 | | | | |
| COUNTY | | | CITY | | |
| Webster | | | Minden | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Orelia | | D | 2 | | |
| Willie | | S | 9/12 | | |
| Easley, Annie | | Si | 23 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|--------------------------|-----|----------------|----------------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR <i>B</i> | | NAME <i>Lewis Carrie</i> | | E.D. <i>34</i> | SHEET <i>9</i> |
| AGE <i>30</i> | | BIRTHPLACE <i>Miss</i> | | | |
| COUNTY | | Concordia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Living Alone</i> | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1200 | NAME OF INDIVIDUAL
<i>Lewis Carrie</i> | | E.D.
<i>115</i> | SHEET
<i>27</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>6</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Webster</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Howard Lewis</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18196-P61

| | | | | | |
|--|-----|--------------------|--|-----------|--|
| L-200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis Carr | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 19 | Webster | | | |
| COUNTY | | CITY | | | |
| Webster | | | | | |
| ENUMERATED WITH | | | | | |
| Lewis Carr | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB-DC 18194-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL <i>Lewis Carrie</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>Bk</i> | AGE <i>21</i> | BIRTHPLACE | | E.D. <i>101</i> | SHEET <i>8</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Ouachita</i> | | <i>Monroe</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Lewis Isabella</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Sister</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sister</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sister</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|--------------------------------|---|--|--|--|--|
| X200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 19 | | 146 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| West Baton Rouge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louis, Francis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> UNCLE | <input type="checkbox"/> BROTHER-IN-LAW | | | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-677 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18108-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis, Carry | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Madison | | Tallulah | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cooper, Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-627 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18195-P81

| | | | |
|--|--|---|--------------------------------|
| | | LOUISIANA | |
| <i>2200</i> | NAME OF INDIVIDUAL <i>Lois Carroll</i> | | E.D. <i>74</i> SHEET <i>10</i> |
| COLOR <i>B</i> | AGE <i>20</i> | BIRTHPLACE | |
| COUNTY <i>De Soto</i> | | CITY | |
| ENUMERATED WITH <i>Ford Lurandy</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>2</i> | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|----------------|-------------|------------|
| COLOR | AGE | BIRTHPLACE | SHEET |
| 200 | 48 | Lewis Cassy | 144/1 |
| COUNTY | West Feliciana | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lewis | W | 42 | |
| Isabel | D | 18 | |
| Florance | D | 16 | |
| Amelia | S | 14 | |
| Lettie | D | 12 | |
| Eula | D | 10 | |
| Beatrice | D | 6 | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|-----|------------|
| Weston Cary | GS | 9 | |
| 1 Ellen | GD | 6 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | E.D. | | SHEET |
| Leigh Cassinis J. | | 27 | | 3 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 18 | | | |
| COUNTY | | CITY | | |
| Avoy | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|-----------------------------------|-----|------------|
| L200 | HEAD OF FAMILY
Leigh Cassius T | | |
| E.D.
21 | SHEET
28 | | |
| COLOR
W | AGE
50 | | |
| BIRTHPLACE | | | |
| COUNTY
Avoyelles | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Irene | W | 47 | |
| Carrie T | d | 26 | |
| Laura L | d | 23 | |
| Mildred M | d | 20 | |
| Cassius T Jr | S | 18 | |
| Engene R | S | 16 | |
| Ollie B | d | 14 | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|---------|---|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Lewis Lichner | | E.O. | SHEET |
| COLOR | B | AGE | 85 | 87 | 12 |
| BIRTHPLACE | | | | | |
| COUNTY | | | St Mary | | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Mabel J. L. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> HUSBAND
<input type="checkbox"/> WIFE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P01

| | | | | | |
|---|--|---|------------|---|-------|
| 1200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 48 | | 78 | 4 |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| ENUMERATED WITH | | | | | |
| Lewis, Anderson | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WMAVE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-91

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2206 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 1/12 | | | 16 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Clai born: | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prisly Jim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

| | | | | | |
|--|--|---|------------|--|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 54 | It. | 114 | 19 |
| COUNTY | | | CITY | | |
| Tangipahoa | | | | | |
| ENUMERATED WITH | | | | | |
| Scanatze, Sam | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P01

| | |
|--|--|
| LOUISIANA | |
| L 200 | NAME OF INDIVIDUAL
<i>Leckie, Catherine</i> |
| E.D.
78 | SHEET
8 |
| COLOR
B | AGE
6.5 |
| BIRTHPLACE | |
| COUNTY
<i>Rapides</i> | CITY
<i>Alexandria</i> |
| ENUMERATED WITH
<i>Price Sam</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P01

LOUISIANA

| | | | | | |
|--|--|--|--|-------------|------------|
| L-200 | | NAME OF INDIVIDUAL
Lewis Catherine | | E.D.
118 | SHEET
2 |
| COLOR
B | AGE
25 | BIRTHPLACE | | | |
| COUNTY
Webster | | CITY | | | |
| ENUMERATED WITH
Shiner Alex | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 10100-P01

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| L200 | HEAD OF FAMILY | | LOUISIANA | |
| | Luis Catherine | | R.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | |
| W | 50 | Fla | | |
| COUNTY | | CITY | | |
| Sabine | | Zwolle | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Lophina | | L | 12 | Texas |
| Bertha | | L | 11 | |
| And 1 Bo | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L200

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1000 | | NAME OF INDIVIDUAL
<i>Luke Cayana</i> | | E.D.
<i>95</i> | SHEET
<i>3</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>m</i> | AGE
<i>48</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Natchitoches</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Abelias Joseph D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16196-P61

| | |
|---|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Lewis Caesar</i> |
| E.D.
88 | SHEET
23 |
| COLOR
B | AGE
2 |
| BIRTHPLACE | |
| COUNTY
St. Mary | CITY |
| ENUMERATED WITH
<i>White & an</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-28-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

LOUISIANA

| | | | | | |
|---|-----------------|---|------|--|--------------------|
| L 100 | | NAME OF INDIVIDUAL
<i>Lewis Cecelia</i> | | E.O.
<i>61</i> | SHEET
<i>12</i> |
| COLOR
<i>B</i> | AGE
<i>9</i> | BIRTHPLACE | | | |
| COUNTY
<i>B</i> | <i>Herville</i> | | CITY | | |
| ENUMERATED WITH
<i>Lewis, Josephine</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOIM-DC 18106-P41

LOUISIANA

| | | | | | |
|--|------------------|---|------|---|--------------------|
| 100 | | NAME OF INDIVIDUAL
<i>Lewis, Cecelia</i> | | E.D.
<i>62</i> | SHEET
<i>11</i> |
| COLOR
<i>B</i> | AGE
<i>24</i> | BIRTHPLACE | | | |
| COUNTY
<i>Iberville</i> | | | CITY | | |
| ENUMERATED WITH
<i>Brown Emily</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Companion</i> | |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15105-P61

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Louis Cecil</i> | | E.D.
<i>90</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>M4</i> | AGE
<i>26</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Mary</i> | CITY
<i>Franklin</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Yen, Lee</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18190-P61

| | | LOUISIANA | |
|-------------------------|----------------|---------------|------------|
| L200 | HEAD OF FAMILY | E.D. | SHEET |
| | Laura, Cecil | 90 | 16 |
| COLOR | AGE | BIRTHPLACE | |
| B | 27 | | |
| COUNTY | St. Mary | CITY Franklin | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 42 Ba | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|--|------------|
| 8200
COLOR
B | | NAME OF INDIVIDUAL
Louis, Cecile | | E.O.
72 | SHEET
1 |
| AGE
22 | | BIRTHPLACE | | | |
| COUNTY
St. James | | CITY | | | |
| ENUMERATED WITH
Jonway, Amy | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16198-P51

| | |
|--|--|
| LOUISIANA | |
| 2200 | NAME OF INDIVIDUAL
<i>Lauche, Felicia</i> |
| E.D.
73 | SHEET
28 |
| COLOR
<i>W</i> | AGE
54 |
| BIRTHPLACE | |
| COUNTY
<i>St. James</i> | CITY |
| ENUMERATED WITH
<i>Scincaux, Wilson</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P61

| | | | | | |
|-------------------------|--|------------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 70 | | 47 | 1 |
| BIRTHPLACE | | Louis, Celestina | | | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|-----------------|--------------|-----------|------------|
| 2nd | HEAD OF FAMILY | | E.D. | SHEET |
| | Lewis, Celestin | | 56 | 30 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 41 | | | |
| COUNTY | | Plaquemines | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Mary | | w | 36 | |
| Black, Leonard | | ss | 17 | |
| 1 Henrietta | | sd | 16 | |
| Lewis, Elvira | | d | 7 | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>Loo</i> | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>B</i> | <i>25</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Iberville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Heltos, William</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
Louis Celestine | | E.D.
126 | SHEET
22 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
20 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
St. Martin City St. Martinsville | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Duperrier Jules | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SD

FORM 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 16196-P61

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 6200 | NAME OF INDIVIDUAL
<i>Lewis, Celestine</i> | | E.D.
130 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Wm</i> | AGE
6 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Martin</i> | CITY
<i>Brenny Bridge</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lofton, Philomine</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>SD</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (10-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC904-PC 1910-P01

| | | LOUISIANA | |
|---------------------------|--|------------------------|------------------|
| L200 | HEAD OF FAMILY
<i>Lewis Celestine</i> | | E.D. 99 SHEET 16 |
| COLOR
<i>Mu</i> | AGE
<i>31</i> | BIRTHPLACE | |
| COUNTY
<i>St. Mary</i> | | CITY
<i>Berwick</i> | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>Austin, Joseph</i> | | <i>S</i> | <i>17</i> |
| <i>Jackson, Rayfield</i> | | <i>B</i> | <i>17</i> |
| <i>Lewis, Pearly</i> | | <i>Si</i> | <i>21</i> |
| <i>Stewart, Lucy</i> | | <i>Da</i> | <i>4</i> |
| <i>+ 1 B.O.</i> | | | |
| | | | |
| | | | |

| | | | | | | | | | |
|-------------------------|--|----------------|--|----------------|--|------|--|------------|--|
| 200 | | HEAD OF FAMILY | | Louisiana | | E.D. | | SHEET | |
| B | | 47 | | Lennis, Celina | | 57 | | 21 | |
| COLOR | | AGE | | BIRTHPLACE | | | | | |
| COUNTY | | | | Liberty | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Celina | | | | 10 | | 28 | | | |
| Colbert, Celina | | | | 210 | | 13 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|--|
| 2900 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis Celinda | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 17 | | | | |
| COUNTY | | CITY | | | |
| | | Lafourche | | | |
| ENUMERATED WITH | | | | | |
| Butler John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SD | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18163-P01

| | | | | | |
|-------------------------|------------|----------------|-----|------------|------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Celie | | E.O. | | SHEET | |
| COLOR | B | AGE | 37 | BIRTHPLACE | N.C. |
| COUNTY | St. Landry | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Robert | | S | 12 | | |
| Harriette | | D | 16 | | |
| Levina | | D | 14 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 48 | | 143 25 |
| COUNTY | | CITY | |
| Vermillion | | Bucyrus | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ameline | W | 32 | |
| Emile | S | 23 | |
| Gabriel | S | 14 | |
| Agathe | S | 13 | |
| Lucille | S | 10 | |
| Macule | S | 7 | |
| Matthee | S | 6 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|------|------------|
| Edwina | D | 5 | |
| Ophelia | D | 1 | |
| Gregoir | S | 1/12 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-C 18100-1-61

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | E.D. | | SHEET |
| Lege, Ceprien, Jr. | | 143 | | 25 |
| COLOR | AGE | BIRTHPLACE | | |
| w | 74 | | | |
| COUNTY | | CITY | | |
| Vermillion | | Brazeydam | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marguerit | w. | 65 | | |
| Columbus | S. C. | 26 | | |
| | | | | |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----------|---|------|---|------------|
| L 202 | | NAME OF INDIVIDUAL
<i>Leila Cress</i> | | E.O.
88 | SHEET
6 |
| COLOR
B | AGE
15 | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| Natchitoch | | | | | |
| ENUMERATED WITH
<i>Sheppard Henry</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIFE
<input type="checkbox"/> WIFE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SS</i> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC44-DC 18100-P61

LOUISIANA

| | | | | |
|-------------------------|----------------------|--------------|------------|------------|
| <i>L200</i> | HEAD OF FAMILY | | E.D. | SHEET |
| | <i>Lewis Cesaire</i> | | <i>131</i> | <i>14</i> |
| COLOR | AGE | BIRTHPLACE | | |
| <i>B</i> | <i>59</i> | | | |
| COUNTY | | CITY | | |
| <i>St. Martin</i> | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| | <i>Estelle</i> | <i>W</i> | <i>49</i> | |
| | <i>Cecile</i> | <i>D</i> | <i>13</i> | |
| | <i>Louisa</i> | <i>D</i> | <i>10</i> | |
| | <i>Louise</i> | <i>D</i> | <i>5</i> | |
| | <i>Molton</i> | <i>S</i> | <i>2</i> | |
| | <i>Etrousee</i> | <i>S</i> | <i>16</i> | |
| | <i>Celestine</i> | <i>D</i> | <i>15</i> | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| L200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lewis Chaddy | | 69 | 4 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 65 | | | |
| COUNTY | | CITY | | |
| Lincoln | | Ruston | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lewis | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L20 | HEAD OF FAMILY | | E.D. | SHEET |
| | Frankie Chaney | | 84 | 19 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 24 | | | |
| COUNTY | | CITY | | |
| Natchitoches | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary | | w | 22 | |
| Abby | | D | 3 | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|--|---|------|------------|-------------|
| L200 | | NAME OF INDIVIDUAL
Lousy Chasity | | E.O.
44 | SHEET
11 |
| COLOR
8 | AGE
28 | BIRTHPLACE
Ala | | | |
| COUNTY
East Carroll | | | CITY | | |
| ENUMERATED WITH
Lousy Robert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>Si</u> | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC016-DC 18195-P61

LOUISIANA

| | | | | | |
|---|---|---|--|------------|-------------|
| P200 | | NAME OF INDIVIDUAL
<i>Lewis, Charity</i> | | E.D.
97 | SHEET
26 |
| COLOR
<i>13</i> | AGE
<i>51</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Mary</i> | | CITY
<i>Morgan</i> | | | |
| ENUMERATED WITH
<i>Robert, William</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P01

PRODUCT OF

Hamington Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
BRANCHES EVERYWHERE

Soundex
QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

| | | | | |
|-------------------------|----------------|--------------|-----------|------------|
| 2200 | HEAD OF FAMILY | | Louisiana | |
| COLOR | AGE | BIRTHPLACE | | E.D. |
| 13 | 56 | | | 97 |
| COUNTY | CITY | | SHEET | |
| Red River | | | 5 | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Frank | | S | 22 | |
| Mary | | D | 14 | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 9200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 24 | Miss | | 80 | 29 |
| COUNTY | | CITY | | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|--|--|---|--|--|--|-----------------|--|
| 2202
COLOR B | | NAME OF INDIVIDUAL
Lewis, Charles | | LOUISIANA
E.D. 16 | | SHEET 13 | |
| AGE 40 | | BIRTHPLACE | | | | | |
| COUNTY | | | | CITY | | | |
| IBERIA | | | | CITY | | | |
| ENUMERATED WITH
Trasiker, Carline | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Lodger | | | |

FORM 18-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOUN-DC 18189-P61

| | | | | | |
|-------------------------|----------|----------------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | NAME | | E.D. | SHEET |
| B | | Louis Charles | | 79 | 8 |
| AGE | | BIRTHPLACE | | | |
| 38 | | | | | |
| COUNTY | | St. John the Baptist | | CITY | |
| | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Maria | W | 35 | | |
| | Louis | S | 18 | | |
| | Emmette | D | 16 | | |
| | Rene | S | 14 | | |
| | Ida | D | 12 | | |
| | Herencia | S | 11 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|-------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis, Charles | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 13 | 42 | | | | |
| COUNTY | | St. Mary | | CITY | |
| | | | | Morgan City | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | w | 20 | | |
| Constance | | m | 60 | | |
| Leal, Rebecca | | ni | 11 | | |
| Lewis, Victoria | | di | 15 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|------------|------------|------|
| 2500 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| B | | 25 | | | 104 |
| COUNTY | | CITY | | SHEET | |
| St. Landry | | | | 13 | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Melia | W | 22 | | |
| | Alicia | D | 3 | | |
| | Alley | S | 1 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 28 | | | 152 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moneas Ellen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18166-P81

| | | | | | |
|--|--|---|-----------------------------|---|--|
| L200
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>Lewis Charles</i> | | LOUISIANA
E.O. <i>62</i> SHEET <i>7</i> | |
| | | AGE
<i>14</i> | BIRTHPLACE
LA | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
<i>Hasty, William E.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>brother</i> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|-----------|------------|
| <i>John</i> | <i>son</i> | <i>12</i> | |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P&I

| L2001
COLOR
BU | | HEAD OF FAMILY
Lewis Charles | | LOUISIANA
E.D.
64 | | SHEET
11 | |
|-------------------------|--|---------------------------------|-----|-------------------------|--|-------------|--|
| AGE
50 | | BIRTHPLACE | | | | | |
| COUNTY
Grant | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Francis E. | | W | 45 | | | | |
| Hamilton J. | | S | 23 | | | | |
| Thomas A. | | S | 19 | | | | |
| Margaret | | D | 17 | | | | |
| Francis A. | | D | 15 | | | | |
| Charles E. | | S | 13 | | | | |
| Nora O. | | D | 10 | | | | |

FORM 18-436 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | |
|-------------------------|-----------------------|----------------|----------------|
| HEAD OF FAMILY | | LOUISIANA | |
| <i>Joe</i> | <i>Louis, Charles</i> | E.D. <i>15</i> | SHEET <i>6</i> |
| COLOR <i>B</i> | AGE <i>30</i> | BIRTHPLACE | |
| COUNTY <i>Iberia</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>lives alone</i> | | | |
| | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| L 200 | NAME OF INDIVIDUAL
<i>Lusk Charles</i> | | E.D. 44 / SHEET 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>16</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Feliciana</i> | | CITY
<i>Watson</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Walter Guy</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16196-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 820 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Charles | | E.D. | | SHEET | |
| 79 | | 36 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 21 | Miss | | | |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| James H. Clark | | ad | 16 | Miss | |
| Walter | | ad | 18 | 1 | |
| 1 Cora | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----------|------------|-------|
| 7207) | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| Chi | | 31 | | 136 | 6 |
| BIRTHPLACE | | China | | | |
| COUNTY | | | CITY | | |
| Vermillion | | | Abbeville | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lige Charles | | E.D. | | SHEET | |
| COLOR | W | AGE | 53 | 1933 | 35 |
| COUNTY | | Vermillion | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Catherine | | W | 48 | | |
| Infant | | S | 18 | | |
| Sidney | | S | 15 | | |
| Eddora | | D | 13 | | |
| Ester | | D | 8 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | |
|--|--|--------------------|---|---------------|--|---|--|-------|--|
| 1200 | | NAME OF INDIVIDUAL | | Lewis Charles | | E.D. | | SHEET | |
| COLOR | | AGE | | BIRTHPLACE | | 107 | | 12 | |
| W | | 20 | | | | | | | |
| COUNTY | | | | Tangipahoa | | CITY | | | |
| | | | | | | Kenilwood | | | |
| ENUMERATED WITH | | | | Elzy Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| H 200 | | NAME OF INDIVIDUAL
<i>Lewis Charles</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>11</i> | BIRTHPLACE | | E.D.
<i>130</i> | SHEET
<i>6</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Tensas</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Moore, Sandy</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Ad</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Ad</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Ad</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P81

| | | | | | |
|--|-----|---|--|---|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| W | 24 | | | 109 | 1 |
| COUNTY | | CITY | | | |
| Sabine | | Pleasant Hill | | | |
| ENUMERATED WITH | | | | | |
| Marris, Brillie | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Bo | |

FORM 18-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

| | | | | | |
|--|--|--|--------------|--|-------|
| 1200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| m | | 35 | Miss | 92 | 4 |
| COUNTY | | | CITY | | |
| St. Tammany | | | Madisonville | | |
| ENUMERATED WITH | | | | | |
| Emery Johnson | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18106-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Charles | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 33 | | | | |
| COUNTY | | Tangipahoa | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lena | W | 29 | | | |
| Lennie | D | 10 | | | |
| Andie | D | 8 | | | |
| Cyler | S | 7 | | | |
| Ray | S | 6 | | | |
| Ida | D | 4 | | | |
| Grace | D | 1 1/2 | | | |

FORM 10-636 (4-20-51)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| 200 | | HEAD OF FAMILY | | Louis Charles | | LOUISIANA | |
| COLOR | | AGE | | E.D. | | SHEET | |
| 13 | | 24 | | 101 | | 35 | |
| BIRTHPLACE | | | | | | | |
| COUNTY | | | | CITY | | | |
| Ouachita | | | | Monroe | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Burn | | W | | 19 | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| 2200 | | HEAD OF FAMILY | | Louis Charles | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| 13 | | 26 | | | | 101 32 | |
| COUNTY | | | | CITY | | | |
| Ogachita | | | | Monroe | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Malinda | | W | | 23 | | Miss | |
| Croley | | S | | 2 | | | |
| Leona | | D | | 5/12 | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|----------------|------|------------|--|
| F 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lemius Charles | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 55 | Miss | | | |
| COUNTY | | | CITY | | |
| <div style="text-align: center;"> 16-10
 OTHER MEMBERS OF FAMILY </div> | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah J. | | W | 54 | | |
| Ida | | D | 11 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2200
COLOR
B | | NAME OF INDIVIDUAL
Lewis Charles | | E.D.
55 | SHEET
14 | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE
31 | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY
Plaquemine | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Brooks Elsie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P51

| | | | | | |
|--|-----------|---|--|---|-------------|
| L200 | | NAME OF INDIVIDUAL
<i>Leckey Charles</i> | | ED
80 | SHEET
18 |
| COLOR
<i>W</i> | AGE
33 | BIRTHPLACE | | | |
| COUNTY | | RAPIDS | | CITY
<i>Alexander</i> | |
| ENUMERATED WITH
<i>Paul Lewis</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| X-200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | S.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 11 | | 116 | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Webster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hutchinson, John H | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18108-P61

| | | LOUISIANA | |
|-------------------------------|--|--------------------------|-----------|
| L200 | HEAD OF FAMILY
<i>Lewis, Charles Jr</i> | | E.O. 39 |
| COLOR
<i>B</i> | AGE
<i>38</i> | BIRTHPLACE
<i>La.</i> | |
| COUNTY
<i>East Carroll</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>Amelia</i> | | <i>D</i> | <i>22</i> |
| <i>Charles Sr.</i> | | <i>F</i> | <i>70</i> |
| <i>Herman</i> | | <i>S</i> | <i>18</i> |
| <i>1 Cook</i> | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Lewis, Charles Jr</i> |
| E.D. | SHEET |
| 39 | 5 |
| COLOR
<i>B</i> | AGE
<i>70</i> |
| BIRTHPLACE
<i>710</i> | |
| COUNTY
<i>East Carroll</i> | CITY |
| ENUMERATED WITH
<i>Lewis Charles Jr.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMIGRANT
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

Form 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 303 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | SHEET |
| 21 | | 32 | | | 14 |
| COUNTY | | | CITY | | |
| Jefferson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | w | 25 | | |
| Angela | | s | 3 | | |
| | | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--------------------------|--------------|------------|-------------------|
| HEAD OF FAMILY | | LOUISIANA | |
| L. 200 Lewis, Charles A. | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | |
| W | 51 | Virginia | 38 8. |
| COUNTY | Calcasieu | | CITY |
| | | | Lake Charles City |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Rita | W | 38 | |
| Charles A. | S | 12 | |
| Claude | S | 11 | |
| Freddie | S | 9 | |
| William | S | 5 | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Last Charles A | | E.D. | | SHEET | |
| COLOR | W | AGE | 45 | BIRTHPLACE | Miss. |
| COUNTY | St. Landry | | CITY | | |
| Melville Town | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anna B. | | U | 40 | Miss | |
| Mildred V | | D | 11 | | |
| Long, Marvin H | | N | 16 | | |
| +1 Boarder | | | | | |
| +1 servant | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| 2500 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Chan B | | E.D. | | SHEET | |
| COLOR | W | AGE | 27 | 54 19 | |
| COUNTY | | Jackson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Alice | | W | 26 | | |
| Robert M. | | B | 67 | Ala. | |
| Mc Donald, James E. | | BL | 22 | | |
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Form 10-436 (4-20-31)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 40 | S.C. | 41 | 16 |
| COUNTY | | | CITY | | |
| East Carroll | | | Lake Providence | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sallie | | W | 35 | Ky. | |
| Annie | | D | 10 | Ky. | |
| Lutie | | D | 4 | Ky. | |
| Charles | | S | 1 1/2 | Ky. | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--|---|--|-------------|
| | | LOUISIANA | |
| 2000 | NAME OF INDIVIDUAL
Lace Charles D. | | E.O. 29 |
| COLOR
W | AGE
25 | BIRTHPLACE
Texas | SHEET
25 |
| COUNTY
LaCassieu | | CITY | |
| ENUMERATED WITH
Campbell William W. | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> HUSBAND
<input type="checkbox"/> WIFE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Boarder | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | LOUISIANA | |
|-------------------------|------------------|------------|------------|
| L-200 | HEAD OF FAMILY | | E.D. |
| | Lennis Charles H | | 138 |
| COLOR | AGE | BIRTHPLACE | |
| W | 25 | Miss | |
| COUNTY | | CITY | |
| Union | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Mittie | W | 23 | |
| ✓ 1 Loe | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|-----------------------------------|-----|-------------------------|--|-------------|--|
| L 200
COLOR
W | | HEAD OF FAMILY
Looey Charles L | | LOUISIANA
E.D.
64 | | SHEET
11 | |
| AGE
42 | | BIRTHPLACE | | | | | |
| COUNTY | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 Morrison A | | W | 39 | | | | |
| 1 William A | | ad S | 10 | | | | |
| Ammons Permelia | | Bo | 60 | | | | |
| House Ethel M | | N | 12 | | | | |
| 1 Cecil V | | N | 7 | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|--|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Loweque, Charles R | | E.D. | | SHEET | |
| COLOR | W | AGE | 70 | BIRTHPLACE | |
| COUNTY | Livingston | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lula | | W | 69 | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|--------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | Chas R | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | | | | |
| COUNTY | | | CITY | | |
| Lincoln | | | Ruston | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 32 | | |
| Chas H. | | S | 16 | | |
| 1 Se | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| C200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 38 | | 109 | 19 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Sabine | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lola | | D | 13 | | |
| Charles H | | S | 10 | | |
| Louise | | D | 7 | | |
| Phil you, Lillie | | N | 15 | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|------------------|------|------------|--|
| 1300 | | HEAD OF FAMILY 1 | | LOUISIANA | |
| Lewis, Charles | | E.D. 153 | | SHEET 22 | |
| COLOR | B | AGE | 17 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Edolie | | W | 16 | | |
| Lilie | | S | 1/2 | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 13 | | 50 | | 73 | 40 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Com | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|----------|----------------|-----|----------------|--|-----------|----|
| L 200 | | HEAD OF FAMILY | | Louis, Charley | | LOUISIANA | |
| COLOR | B | AGE | 49 | BIRTHPLACE | | E.D. | 84 |
| | | | | | | SHEET | 15 |
| COUNTY | | | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| | Louisa | W | 50 | | | | |
| | Louisa | D | 23 | | | | |
| | Marie | D | 21 | | | | |
| | Louisa | D | 20 | | | | |
| | Charley | S | 19 | | | | |
| | Alise | D | 15 | | | | |
| | Mary Ann | D | 11 | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| 1 Mable | D | 9 | |
| 1 Amy | D | 8 | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 30 | Ark | 96 | 6 |
| COUNTY | | | CITY | | |
| Red River | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Jessie | | W | 20 | Mo | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------------|----------|------------|-------|
| <i>82</i> | | HEAD OF FAMILY | | LOUISIANA | |
| | | <i>Louis Charles</i> | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>W</i> | <i>29</i> | | | | |
| COUNTY | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Josephine</i> | | <i>W</i> | <i>9</i> | | |
| <i>John</i> | | <i>N</i> | <i>3</i> | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|---------------|------------|-------|
| L202 | | HEAD OF FAMILY | | LOUISIANA | |
| NAME | | AGE | | E.D. | SHEET |
| Luk, Charles | | 31 | | 130 | 7 |
| BIRTHPLACE | | China | | | |
| COLOR | COUNTY | CITY | | | |
| Chinese | S. Martin | Wartin | Ernest Bridge | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-436 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--------------|----------------|------------|-----------|--|
| 1200 | | HEAD OF FAMILY | | Louis, Charles | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. | SHEET | |
| B | | 35 | | | 84 | 6 | |
| COUNTY | | | St. Mary | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| / Dan | | | F | 68 | | | |
| / Julia | | | M. | 62 | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lucia | | Charley | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lucia, Carde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P-61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 42 | Charley | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 24 | | |
| Cheney | | S | 2 | | |
| Cecile | | D | 1 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 28 | | 137 | 4 |
| COUNTY | | | CITY | | |
| Union | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | | W | 30 | | |
| John | | S | 17 | | |
| Ophelia | | S | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| B | | 52 | | | 10 10 |
| COUNTY | | | CITY | | |
| Union | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Nancy | | w | 48 | | |
| Dietrich | | 98 | 11 | | |
| Samuel | | 98 | 10 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis Charley | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | Italy | | | |
| COUNTY | | CITY | | | |
| Thibodaux | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lena | | W | 28 | Italy | |
| Lulu | | D | 12 | | |
| Nemene | | D | 9 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| 4200 | | HEAD OF FAMILY | | Louis Chasley | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| mu | | 35 | | | | 77 8 | |
| COUNTY | | | | CITY | | | |
| Lincoln | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Muller's | | W | | 42 | | | |
| Eula | | D | | 20 | | | |
| J. D. | | S | | 12 | | | |
| Johnnie M. | | S | | 9 | | | |
| L. C. | | S | | 7 | | | |
| Ala | | D | | 3 | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Lewis Charles</i> |
| E.D.
114 | SHEET
30 |
| COLOR
<i>B</i> | AGE
24 |
| BIRTHPLACE
<i>La S</i> | |
| COUNTY
<i>Richland</i> | CITY |
| ENUMERATED WITH
<i>Beard Henry</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WORKER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|-----------|--|
| Laou | | HEAD OF FAMILY | | Louis Charles | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| B | | 25 | | | | 111 | |
| COUNTY | | | | Terrebonne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| G / B. | | | | | | | |
| + / B. Son | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|---------------|------------|------------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | S.D. SHEET |
| B | | 50 | Lewis Charley | | 88 18 |
| COUNTY | | | CITY | | |
| Natchitoches | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Emma | | W | 45 | | |
| Jesse | | D | 4 | | |
| Malburn | | D | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--------------|-----------------------|------------|-----------|--|
| <i>L250</i> | | HEAD OF FAMILY | | <i>Louis. Chesley</i> | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | |
| <i>B</i> | | <i>57</i> | | <i>86</i> | <i>8</i> | | |
| COUNTY | | | | CITY | | | |
| <i>Rapides</i> | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| <i>living alone</i> | | | | | | | |
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FORM 10-436 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 21 | Miss | 131 | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Washington | | | Bogalusa | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| James Jane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| C200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis | | Charles | | E.D. | SHEET |
| COLOR | B | AGE | 30 | 124 | 9 |
| | | BIRTHPLACE | | ala' | |
| COUNTY | | | CITY | | |
| Winn | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Betty | | w | 28 | ark | |
| + 7 kids | | | | | |
| | | | | | |
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FORM 19-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Leske Charley | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| w | 36 | | | | |
| COUNTY | | Lafourche | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bridget | | w | 32 | | |
| Laura | | D | 6 | | |
| Marie | | D | 4 | | |
| Andrew | | S | 3 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|----------|---|-------------------------|---|------------|
| 2200 | | NAME OF INDIVIDUAL
Lorne Charles | | E.D.
143 | SHEET
9 |
| COLOR
B | AGE
2 | BIRTHPLACE
Iowa | | | |
| COUNTY
West Feliciana | | | CITY
St Francisville | | |
| ENUMERATED WITH
Paul Richard | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WMAE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
add | |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| LOUISIANA | | | |
|-------------------------|--------------------------------|-----|------------|
| 2200 | HEAD OF FAMILY Lewis Charley H | | |
| E.D. 108 | SHEET 9 | | |
| COLOR Mrs | AGE 39 | | |
| BIRTHPLACE Miss. | | | |
| COUNTY St. Landry | CITY Melville Town | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Hensietta | W | 29 | Miss. |
| Curtis | S | 9 | |
| Henry | S | 7 | |
| Wilbert | S | 5 | |
| | | | |
| | | | |
| | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| X 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Luke, Charley W | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Natchitoches | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sanders, Charley | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16185-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| P200 | | HEAD OF FAMILY | | LOUISIANA | |
| Luce | | Charlie | | E. P. | SHEET |
| COLOR | W | AGE | 43 | BIRTHPLACE | It |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | W | 32 | It | |
| Sam | | S | 15 | It | |
| Mary | | D | 11 | It | |
| Sarah | | D | 10 | It | |
| Rosa | | D | 6 | It | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------|---|------------|
| L200
COLOR
W | | NAME OF INDIVIDUAL
Lewis Charlie | | LOUISIANA
E.D.
61 | SHEET
6 |
| AGE
34 | | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
Brattle Jack | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 220 | | HEAD OF FAMILY | | LOUISIANA | |
| Leura Charlie | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 30 | | | | |
| COUNTY | | Concordia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| McC. Mullins Leura Camp | | | | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 42 | | 1 | 12 |
| BIRTHPLACE | | Italy | | | |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 35 | Italy | |
| Joe | | S | 14 | | |
| Grace | | D | 11 | | |
| Rosa | | S | 6 | | |
| Rosa | | D | 4 | | |
| Mary | | D | 2 | | |
| Sam | | S | 2 1/2 | | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | |
|--|---|---|-------------------|
| NAME OF INDIVIDUAL
<i>2200 Lewis Charles</i> | | E.D.
<i>65</i> | SHEET
<i>6</i> |
| COLOR
<i>B</i> | AGE
<i>28</i> | BIRTHPLACE | |
| COUNTY
<i>St. Charles</i> | | CITY | |
| ENUMERATED WITH
<i>Johnson Emile</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>H H</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC9184-DC 18189-P61

| 820
COLOR
W | | HEAD OF FAMILY
Lewis, Charlie | | LOUISIANA
E.D.
87 | | SHEET
21 | |
|-------------------------|--|----------------------------------|-------|-------------------------|--|-------------|--|
| AGE
23 | | BIRTHPLACE | | | | | |
| COUNTY
St. Helena | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Bessie | | W | 18 | | | | |
| Grace | | D. | 1 1/2 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| 5200 | | HEAD OF FAMILY | | LOUISIANA | |
| Leves | | Charlie | | E.O. | SHEET |
| COLOR | W | AGE | 34 | BIRTHPLACE | |
| COUNTY | | Tangipahoa | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary E. | | M | 60 | U.S. | |
| Hyde James | | N | 10 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 13 | | 31 | | 28 | 1 |
| COUNTY | | | CITY | | |
| St. Tammany | | | Mandeville | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Bernice | | W | 20 | | |
| Mary | | D | | | |
| Sammy | | F | 59 | | |
| Robert | | B | | | |
| Lillian | | N | 10 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------------------------|---------------------------------|
| LOUISIANA | |
| L200 | HEAD OF FAMILY
Lewis Charlie |
| E.D.
120 | SHEET
5 |
| COLOR
B | AGE
25 |
| BIRTHPLACE | |
| COUNTY
Tangipahoa | CITY
Hammond |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| Liza | W |
| AGE | BIRTHPLACE |
| 21 | Mass. |
| | |
| | |
| | |
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|--|--|--|---------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------|--------------------------------|--|--|
| L 200 | | INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | NAME | | E.D. SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 4 | Charles | | 97 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | BIRTHPLACE | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Morehouse | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pepper Clay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> ZEPHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Ad S</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> ZEPHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Ad S | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> ZEPHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Ad S | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10196-P01

| | | | | | |
|--|---|--|------|---|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis, Charle | | E.D. | | SHEET | |
| 71 | | 11 | | | |
| COLOR | B | AGE | 16 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | | | |
| a. Self | | | | | |
| Parmer, John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NICE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Bo | |

Form 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|----------|--|----------------|-------------------------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 23 | Texas | 74 | 5- |
| COUNTY | | | CITY | | |
| De Soto | | | OTHER MEMBERS OF FAMILY | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Beanie | | W | 19 | Texas | |
| / Bertha | | D | 1 | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------------|-----------------|
| 2200 | HEAD OF FAMILY | Lewis Charlotte. | E.D. 49 SHEET 2 |
| COLOR | AGE | BIRTHPLACE | |
| mn | 64 | | |
| COUNTY | | CITY | |
| Plaquemines | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Margie Louise D | | 44 | |
| Henry | S | 29 | |
| Julian Willie | Y.S. | 17 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|--|--|--------------------|
| L 208 | | NAME OF INDIVIDUAL
<i>Lewis, Charlotte</i> | | LOUISIANA | |
| COLOR
<i>2</i> | AGE
<i>12</i> | BIRTHPLACE | | E.D.
<i>47</i> | SHEET
<i>20</i> |
| COUNTY
<i>East F.</i> | | CITY | | | |
| ENUMERATED WITH
<i>Miller, Eli</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18199-P61

| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--|----------------|------------|------------|-------|
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 68 | Miss | 49 | 16 |
| COUNTY | | | CITY | | |
| East Feliciana | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Victoria | | D | 22 | | |
| Eugene | | S | 20 | | |
| Isadora | | D | 15 | | |
| Lavinia | | D | 12 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|------------|--|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis Chesnic | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 63 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Douchita | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Morange | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis Calvin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|--|------------------|---|--|--|--------------------|
| 900 | | NAME OF INDIVIDUAL
<i>Lewis Chester</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>16</i> | BIRTHPLACE | | E.D.
<i>84</i> | SHEET
<i>19</i> |
| COUNTY
<i>Natchitoches</i> | | CITY | | | |
| ENUMERATED WITH
<i>Charles George</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SS</i> | |

FORM 19-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P61

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 50 | | 51 | 36 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lucy | | W | 40 | | |
| Harris | | M | 65 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|---|---|
| 200 | NAME OF INDIVIDUAL
Lewis Chester W. |
| COLOR
W | AGE
7 |
| BIRTHPLACE | |
| COUNTY
Tangipahoa | CITY
Kentwood |
| ENUMERATED WITH
Bannister Leslie E | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L-200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 60 | | 4 | 42 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL <i>Louis Chris</i> |
| E.O. 49 | SHEET 10 |
| COLOR <i>B</i> | AGE <i>11</i> BIRTHPLACE |
| COUNTY <i>St. Feliciana</i> | CITY |
| ENUMERATED WITH <i>Winky Lee</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|-----|--------------------|------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis, Christopher | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 21 | | | | |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| — Lillie | | W | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-22-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|--|
| 300 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. SHEET | |
| B | | 50 | | 75306 | |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | | AGE | |
| Lucindyl | | s | | 21 | |
| Hardy | | s | | 20 | |
| Dannev | | s | | 19 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Lewis Clifford</i> |
| E.D.
66 | SHEET
39 |
| COLOR
B | AGE
19 |
| BIRTHPLACE | |
| COUNTY
St. James | CITY |
| ENUMERATED WITH
<i>Joseph Williams</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

| | | | | | |
|--|--|---|------------|-----------|-------|
| 6200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 3
12 | | 80 | 25 |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| ENUMERATED WITH | | | | | |
| Londrey Ulysses | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1910-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| L200 | NAME OF INDIVIDUAL
<i>Levin, Elias</i> | | E.D.
70 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | SHEET
4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
4 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lincoln</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Levin, Esther</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC0484-DC 1910-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| 5200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 14 | | 107 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Jangipahoa | | Kentwood | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elzy Joseph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>SD</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SD | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SD | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18106-P81

| | |
|--|---|
| LOUISIANA | |
| NAME OF INDIVIDUAL
<i>Lewis Clara</i> | E.D. SHEET
<i>23 9</i> |
| COLOR
<i>B</i> | AGE
<i>4 1/2</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| Clai borne | |
| ENUMERATED WITH | |
| <i>Petty Elbert</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>/</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Clara | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| MW | 22 | | | | |
| COUNTY | | Bossier | | CITY | |
| | | | | Benton | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 9 | | 30 | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Caddo | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis, Clara M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>S-D</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S-D | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S-D | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18104-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 6200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Clarence | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 1/2 | 27 | | | | |
| COUNTY | | | CITY | | |
| Ouachita | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mamie | | W | 24 | | |
| Joseph | | S | 5 | | |
| Bessie | | D | 3 | | |
| Berney | | S | 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|------------------|---|------|--|-------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Lakey Clarence</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | E.D.
<i>117</i> | SHEET
<i>4</i> |
| COUNTY
<i>Webster</i> | | | CITY | | |
| ENUMERATED WITH
<i>Webster</i>
<i>Carter Cobb C</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

| | | | | | |
|-------------------------|---|----------------|-----|------------|-----|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 36 | E.D. | 104 |
| | | BIRTHPLACE | | SHEET | 24 |
| COUNTY | | Terrebonne | | CITY | |
| | | | | Houma | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Green | | W | 25 | | |
| 1 Simonette Lottie | | HL | 45 | | |
| 1 James | | BL | 31 | | |
| Grand 1 Bo | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL <i>Lewis Clarence</i> |
| COLOR <i>B</i> | E.O. <i>45</i> SHEET <i>11</i> |
| AGE <i>10</i> | BIRTHPLACE |
| COUNTY | CITY |
| <i>Lafourche</i> | |
| ENUMERATED WITH | |
| <i>Robertson James</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16124-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8202 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leura | | Clarence | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mm | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Iberia | | New Iberia | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alex, Charlie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P-61

| | | | | | |
|--|-------|---|--|---|----------|
| 200 | | NAME OF INDIVIDUAL Lewis Clarence | | E.D. 18 | SHEET 12 |
| COLON 7m | AGE 8 | BIRTHPLACE | | | |
| COUNTY Iberia | | CITY New Orleans | | | |
| ENUMERATED WITH William Louis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCORM-DC 15100-P61

| | | | |
|--|---|---|--------------------|
| | | LOUISIANA | |
| 2200 | NAME OF INDIVIDUAL
<i>Lacy, Clarence</i> | | E.O. SHEET
15 3 |
| COLOR
<i>B</i> | AGE
<i>20</i> | BIRTHPLACE | |
| COUNTY
<i>Clai borne</i> | | CITY
<i>Summerfield</i> | |
| ENUMERATED WITH
<i>Glover, Willie</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

| | | | | | |
|--|--|--------------------|--|-----------|-------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| ma | | 6 | | 76 | 14 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. James | | CITY | |
| ENUMERATED WITH | | | | | |
| James T. Lora | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. SHEET |
| B | | 46 | | | 129 8 |
| COUNTY | | CITY | | | |
| St. Martin | | Lafayette | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Charles | | S | 21 | | |
| Angelina | | D | 20 | | |
| Lillian | | S | 19 | | |
| Albert | | S | 17 | | |
| Nora | | S | 15 | | |
| Angelica | | D | 13 | | |
| Adelaide | | D | 11 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-----------------|-------------------|-----|------------|
| 1 Burnase | S | 9 | |
| Litta | D | 6 | |
| Charles Angelle | M | 71 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P61

| | | | | | |
|---|--|--------------------|------------|-----------|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 26 | | 137 | 20 |
| COUNTY | | | CITY | | |
| Vermillion | | | | | |
| ENUMERATED WITH | | | | | |
| Leg. Cousin | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WMAITE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <u>B</u> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | Claude | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 38 | | | | |
| COUNTY | | Iberia | | CITY | |
| | | | | New Iberia | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 34 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| L 200 | NAME OF INDIVIDUAL
Lewis, Claude |
| COLOR
B | AGE
25 |
| BIRTHPLACE | |
| COUNTY
Rapides | CITY
Alexandria |
| ENUMERATED WITH
Lewis, Jas. | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1610B-P61

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 50 | | 2 | 29 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Lumberton | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 38 | | | 66 30 |
| COUNTY | | | CITY | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eva | | W | 32 | | |
| Eugenia | | D | 18 | | |
| Angel | | D | 9 | | |
| August | | S | 8 | | |
| M. Elizabeth | | D | 5 | | |
| Titano | | D | 4 | | |
| Lydia | | D | 3 | | |

FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 30 | | 18 | 8 |
| COUNTY | | | CITY | | |
| Clai borne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Latta | | W | 30 | | |
| Dorrie | | D | 11 | | |
| Wm. James | | Ad S | 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|------------|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL | | Lewis Clem | | E.O. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | Bienville | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thomas Charles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> MISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|----|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis, Clematile | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 24 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Ascension | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leven, Cezar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daughter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|---|------|---|--|--|--|
| L-200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis Clement | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 8/12 | | | | |
| COUNTY | | Webster | | CITY | |
| ENUMERATED WITH | | Lewis Thomas | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P61

| | | | | | |
|--|--|--|--------------|------------------|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mr | | 27 | | 126 | 9 |
| COUNTY | | | St. Martin | City Martinville | |
| ENUMERATED WITH | | | Wilson Alice | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> FATHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19100-P01

| | | | |
|--|--|--|--------------------------------|
| | | LOUISIANA | |
| <i>2200</i> | NAME OF INDIVIDUAL <i>Leiny Clement B</i> | | E.D. <i>84</i> SHEET <i>23</i> |
| COLOR <i>W</i> | AGE <i>15</i> | BIRTHPLACE | |
| COUNTY <i>Pointe Coupee</i> | CITY | | |
| ENUMERATED WITH <i>Leiny Julia G</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

LOUISIANA

| | | | | | | | | |
|--|---|--------------------|---|--------------|------|---|-------|---|
| 2200 | | NAME OF INDIVIDUAL | | Luke Cleo | E.O. | 86 | SHEET | 9 |
| COLOR | B | AGE | 8 | BIRTHPLACE | | | | |
| COUNTY | | | | Natchitoches | CITY | | | |
| ENUMERATED WITH | | | | | | | | |
| Sander's, Charley | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

| | | | | | |
|---|-----|---|------|--|-------|
| 2202 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| ma | 8 | | | 76 | 14 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| James Florant | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 70-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | | | |
|-------------------------|--|----------------|--|----------------|--|-----------|--|
| 200 | | HEAD OF FAMILY | | Louis, Clement | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| B | | 60 | | | | 83 1 | |
| COUNTY | | | | Pointe à | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Achille | | | | S | | 27 | |
| Octavia | | | | S | | 20 | |
| Rosella | | | | D | | 15 | |
| Marie | | | | D | | 13 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-436 (4-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Mu | | 15 | Louisiana | 4 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bienville | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lemuel, Jr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | |
|--|---|
| LOUISIANA | |
| NAME OF INDIVIDUAL
<i>Lewis, Cleveland</i> | E.D. <i>28</i> SHEET <i>5</i> |
| COLOR <i>W</i> | AGE <i>18</i> BIRTHPLACE <i>born</i> |
| COUNTY | CITY |
| ENUMERATED WITH <i>Davis, Aylmer</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIFE
<input type="checkbox"/> HUSBAND
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>Son</i> | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1810-P-61

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | NAME OF INDIVIDUAL
<i>Lewis Cleveland</i> | | E.O. 44 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Feliciana</i> | CITY
<i>Wilson</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Curie Lanna</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18100-P01

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
Lopez, Clide |
| E.D.
74 | SHEET
8 |
| COLOR
W | AGE
22 |
| BIRTHPLACE | |
| COUNTY
Lafayette | CITY |
| ENUMERATED WITH
Breau, Henry | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Bo | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|--|--|--|------------|--|-------------------|
| 8202 | | NAME OF INDIVIDUAL
<i>Louis Clifton</i> | | LOUISIANA | |
| COLOR
<i>B</i> | | AGE
<i>4</i> | BIRTHPLACE | E.D.
<i>28</i> | SHEET
<i>2</i> |
| COUNTY
<i>Natchitoches</i> | | | CITY | | |
| ENUMERATED WITH
<i>Spradley Murren</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-OC 18195-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| *200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| mw | | 11 | | 29 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caddo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brooks Lake | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV.

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P01

| | | | | | |
|--|--|---|------|--|--------------------|
| 8200
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>Leach, Clarence</i> | | E.D.
<i>146</i> | SHEET
<i>25</i> |
| AGE
<i>4 1/2</i> | | BIRTHPLACE | | | |
| COUNTY
<i>Vernon</i> | | | CITY | | |
| ENUMERATED WITH
<i>Palmer, Lanson</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SS</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNCOPIED 18188-241

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| 1700 | Louis | Clumas | 67 13 |
| B | 22 | | |
| COUNTY | Lafayette | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Hermise | W | 19 | |
| Wanita | D | 1 | |
| | | | |
| | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lucky | | Clyde | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 35 | | | | |
| COUNTY | | CITY | | | |
| Bienville | | Bienville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Lottie M | | W | 35 | | |
| Clyde R | | S | 3 | | |
| Selma | | D | 1 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|------|--|------|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lacy Clyde | | E.D. | | SHEET | |
| COLOR | W | AGE | 12 | BIRTHPLACE | 10 3 |
| COUNTY | | | CITY | | |
| Catatoula | | | | | |
| ENUMERATED WITH | | | | | |
| Lacy William F. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18195-P41

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| P200 | | HEAD OF FAMILY | | Louisiana | |
| Lewis | | Coca | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 30 | | | | |
| COUNTY | | | CITY | | |
| Avoyelles | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Julius | | W | 25 | | |
| Thorton | | 5 | 8 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | Colonel | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 53 | 9 |
| B | 36 | | | | |
| COUNTY | | CITY | | | |
| Jackson | | Eras | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Mary | | W | 32 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1200 | NAME OF INDIVIDUAL
Lewis Columbus | | E.D. 20 SHEET 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
40 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Clai borne | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Lewis Madison | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>B</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | B | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | B | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18186-P61

| | |
|--|---|
| LOUISIANA | |
| 8200 | NAME OF INDIVIDUAL
<i>Lewis, Columbus</i> |
| E.O. 34 | SHEET 18 |
| COLOR | AGE 27 |
| BIRTHPLACE
<i>East Baton Rouge</i> | |
| COUNTY | CITY |
| ENUMERATED WITH
<i>Smith, Allie</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Wife</i> | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16199-P61

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL <i>Lege Columbus</i> |
| E.O. 143 | SHEET 25 |
| COLOR <i>W</i> | AGE <i>26</i> |
| BIRTHPLACE | |
| COUNTY | CITY <i>Vermillion</i> |
| ENUMERATED WITH <i>Lege, Ceprien, Jr.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>S. Cl.</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 15108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL
<i>Lewis Corsetine</i> | | LOUISIANA | E.D.
<i>84</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>10</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Natchitoches</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>William Ischelle</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>G C</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>G C</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>G C</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-627 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis, Camille | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 39 | | | | |
| COUNTY | | CITY | | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| H. Allen | | W | 33 | | |
| George | | S | 12 | | |
| Ernest | | S | 7 | | |
| Rosa | | D | 4 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| L. J. J. J. | | E.D. | SHEET |
| L. J. J. J. | | 11 | 19 |
| COLOR | AGE | BIRTHPLACE | |
| W | 40 | | |
| COUNTY | CITY | | |
| Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Jarvis | W | 26 | |
| Maud | D | 8 | |
| Lucile | D | 6 | |
| Lois | D | 4 | |
| Mary | D | 3 | |
| Ray | S | 12 | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 65 | Italy | 66 | 36 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. James | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lucia Vincentia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 1910-P61

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lusco, Conjitta</i> | | E.D.
86 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
3 | BIRTHPLACE
<i>Italy</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY
<i>St. Mary</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lusco, Joseph</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19106-P01

LOUISIANA

| | | | | | |
|--|-----------------|--|--|--|-------------------|
| <i>L 200</i> | | NAME OF INDIVIDUAL
<i>Louis Conner</i> | | E.D.
<i>9</i> | SHEET
<i>7</i> |
| COLOR
<i>W</i> | AGE
<i>3</i> | BIRTHPLACE | | | |
| COUNTY
<i>Natchitoches</i> | | CITY | | | |
| ENUMERATED WITH
<i>Conner, Louis</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | LOUISIANA | |
|-------------------------|---------------------------------|--------------|------|-------------|-------------|
| 1200 | HEAD OF FAMILY
Luke Connolly | | | E.D.
106 | SHEET
11 |
| COLOR
W | AGE
55 | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ernestine | | W | 49 | | |
| Johnnie | | S | 32 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
Lewis, Constance |
| COLOR
B | E.D. 97 |
| AGE
60 | SHEET 4 |
| BIRTHPLACE | |
| COUNTY
St. Mary | CITY
Morgan City |
| ENUMERATED WITH
Lewis, Charles | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16105-P61

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| L200 | | HEAD OF FAMILY | | Lock Cooper | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| B | | 70 | | | | 64 26 | |
| COUNTY | | | | Livingston | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Lucinda | | | | u | | 72 | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis Cora | | E.D. | | SHEET | |
| 81 | | 22 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 30 | | | | |
| COUNTY | | Madison | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| and 1 Bo | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L 200 | NAME OF INDIVIDUAL
<i>Lewis Cora</i> |
| E.D.
48 | SHEET
10 |
| COLOR
B | AGE
17 |
| BIRTHPLACE | |
| COUNTY
East Feliciana | CITY |
| ENUMERATED WITH
<i>Shanna, Jack</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1818-Pol

LOUISIANA


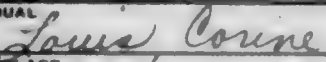




| | | | | |
|-------------------------|-------------------|------------|------------|----------|
| <i>L200</i> | HEAD OF FAMILY | | E.D. | SHEET |
| | <i>Lewis Come</i> | | <i>9</i> | <i>2</i> |
| COLOR | AGE | BIRTHPLACE | | |
| <i>B</i> | <i>30</i> | | | |
| COUNTY | | CITY | | |
| <i>Assumption</i> | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Living alone</i> | | | | |
| | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|---|--|--|---|--|--|------|-------|
|  | | NAME OF INDIVIDUAL | |  | | E.D. | SHEET |
|  | | AGE |  | | | | |
| COLOR | | BIRTH PLACE | | | | | |
| COUNTRY | |  | | CITY | | | |
| ENUMERATED WITH | |  | | | | | |
| RELATIONSHIP TO ABOVE | | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 33%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input checked="" type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 33%;"> <input type="checkbox"/> WIDATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1919 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15196-P61

LOUISIANA

| | | | | | |
|--|-----------------|--|--|---|------------|
| K200 | | NAME OF INDIVIDUAL
<i>Lewis, Corita</i> | | E.D.
104 | SHEET
6 |
| COLOR
<i>B</i> | AGE
<i>9</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | |
| ENUMERATED WITH
<i>Edeline, Joseph C</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENSUS-DC 19100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|----------------|------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | Lacy, Cornelia | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | Calcasieu | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lacy, J. Jeff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P81

| | | LOUISIANA | |
|-------------------------|------------------|------------|------------|
| 5-700 | HEAD OF FAMILY | E.D. | SHEET |
| | Louis, Carmeluis | 118 | 11 |
| COLOR | AGE | BIRTHPLACE | |
| B | 21 | | |
| COUNTY | Iberia | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| / Lenna | W | 19 | |
| Marian | D | 6/12 | |
| | | | |
| | | | |
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| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|---------------------------------------|-----------|------------|
| L200 | HEAD OF FAMILY <i>Lewis Cornelius</i> | | |
| E.O. 68 | SHEET 3 | | |
| COLOR <i>B</i> | AGE <i>60</i> | | |
| BIRTHPLACE | | | |
| COUNTY <i>Lincoln</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Mollie</i> | <i>W</i> | <i>33</i> | |
| <i>Mayella</i> | <i>D</i> | <i>16</i> | |
| <i>Lewis</i> | <i>S</i> | <i>18</i> | |
| <i>Eugene</i> | <i>S</i> | <i>24</i> | |
| <i>Ellen</i> | <i>D</i> | <i>20</i> | |
| <i>Alice</i> | <i>D</i> | <i>20</i> | |
| <i>Neta</i> | <i>G</i> | <i>5</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Jessie | GS | 4 | |
| Emma | GD | 2 | |
| | | | |
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FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| | | | | | |
|-------------------------|----|----------------|------|------------|--|
| 202 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Cornelius | | E.O. | | SHEET | |
| COLOR | 73 | AGE | 53 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Frances | | W | 49 | | |
| Lillian | | D | 16 | | |
| Gertrude | | D | 13 | | |
| Rebecca | | D | 10 | | |
| And 1 adopted son | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------------|-----------------|-------|------------|-------|
| L-200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis Cornelius | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| mm | 32 | | | | |
| COUNTY | | Webster | | CITY | |
| | | | | Minden | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Odie | w | 24 | | |
| | Orange | S | 1 | | |
| | Cornelius W | S | 5 | | |
| | Effie L L | D | 3 | | |
| | Laft | S | 1 1/2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|------------|------------------|-------|------------|---|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| 8200 | | Lacy, Cornelius | | 15 | 5 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 34 | | | | |
| COUNTY | Clai borne | CITY Summerfield | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Malone, Fannie | | D | 17 | | |
| Minifer | | S | 18 | | |
| Hay, Orris | | G.S. | 7/12 | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|---------------------------------|-------------------|-----------|------------|
| L200 | HEAD OF FAMILY,
Lewis Corrie | | E.D.
1 | SHEET
7 |
| COLOR
B | AGE
48 | BIRTHPLACE | | |
| COUNTY
Bossier | | CITY
Arcadia | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE |
| Living alone | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | NAME OF INDIVIDUAL
<i>Leona Costello</i> | | E.D.
<i>4</i> | SHEET
<i>1</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>3</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Assumption</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Washington, Manuel.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P01

LOUISIANA

| | | | | | |
|--|-----------|--|--|---|-------------|
| 2200 | | NAME OF INDIVIDUAL
<i>Louis, Creasy</i> | | E.D.
60 | SHEET
24 |
| COLOR
<i>Mr.</i> | AGE
67 | BIRTHPLACE | | | |
| COUNTY | | iberville | | CITY | |
| ENUMERATED WITH
<i>Garrett, John, W</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P-91

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-------------|------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|---|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
Lewis, Celine | | E.D.
135 | SHEET
2 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
ml | AGE
60 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
West Baton Rouge | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Bele, Harry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input checked="" type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-0-001

LOUISIANA

| | | | | | |
|--|------------------|---|--|---|-------------------|
| 1000 | | NAME OF INDIVIDUAL
<i>Louis Cressy</i> | | E.O.
<i>34</i> | SHEET
<i>2</i> |
| COLOR
<i>B</i> | AGE
<i>28</i> | BIRTHPLACE | | | |
| COUNTY | | CITY
<i>Theriotville</i> | | <i>Stville</i> | |
| ENUMERATED WITH
<i>Haskin Warner</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> MISTRESS-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18199-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|---------------|--------------------------------|--|--|
| L 200 | NAME OF INDIVIDUAL
<i>Louis, Crissie</i> | | E.O.
1 | SHEET
24 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
12 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Assumption | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lois, Lee</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Orphan</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Orphan</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P81

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| 202 | HEAD OF FAMILY | E.D. | SHEET |
| | Lewis Cuby | 79 | 23 |
| COLOR | AGE | BIRTHPLACE | |
| B | 27 | | |
| COUNTY | CITY | | |
| Iberia | New Iberia | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Arvinto | W | 22 | |
| Williston | D | 3 | |
| Leonel | S | 2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|------------------------------------|-------------------|-------------|-------------|
| L 300 | HEAD OF FAMILY,
Lewes, Cornelis | | E.D.
153 | SHEET
22 |
| COLOR
B | AGE
28 | BIRTHPLACE | | |
| COUNTY
St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATION-
SHIP | AGE | BIRTHPLACE |
| 1 Allen | | W | 26 | |
| Green, Isaac | | S S | 16 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|-----------------|------------|
| 7200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lester, Amley | | 81 | 27 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 31 | | | |
| COUNTY | Rapides | | CITY Alexandria | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Alice | | W | 29 | |
| Eleanor | | D | 10 | |
| Amy | | D | 3/12 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------------|-------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Louis Custon</i> | | E.O.
<i>2</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>11</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Assumption</i> | | CITY
<i>Plattenville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Carter, Rose</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

| | | | LOUISIANA | |
|-------------------------|----------------|--------------|-----------|------------|
| 202 | HEAD OF FAMILY | | E.D. | SHEET |
| | James G | | 33 | 2 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 38 | | | |
| COUNTY | | CITY | | |
| Concordia | | Vidalia | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 | Ella | w | 25 | Miss |
| Bailey | Eliza | da | 36 | |
| 1 | George | B L | 40 | |
| Osley | Lena | Da | 20 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|---|----------------|----|----------------|-----|------------|-------|
| 2200 | | HEAD OF FAMILY | | Lewis Cylass H | | E.O. | SHEET |
| 27 | | 14 | | | | | |
| COLOR | W | AGE | 58 | BIRTHPLACE | | | |
| Ark | | | | | | | |
| COUNTY | | | | CITY | | | |
| Clai borne | | | | Homer | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Annie C. | | | | W | 52 | Ark | |
| Kelgo Arabella F. | | | | Si l | 54 | Fla | |
| Lewis David B | | | | S | 31 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| NAME OF INDIVIDUAL
<i>L 200 Leake Cyril</i> | |
| E.D.
<i>13</i> | SHEET
<i>8</i> |
| COLOR
<i>W</i> | AGE
<i>21</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| ENUMERATED WITH
<i>Hiddens Henry J.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>bro</i> | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

D

| | | | | | |
|-------------------------|--|----------------|---------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| W | | 38 | | 66 | 2 |
| BIRTHPLACE | | mo | | | |
| COUNTY | | | CITY | | |
| Grant | | | Pallock | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Wagner | | W | 35 | Ind. | |
| Smith | | L | 15 | Ind. | |
| Smith | | D | 11 | mo. | |
| | | | | | |
| | | | | | |
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| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|--|---|--------------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Lissak Robert</i> | | E.D.
<i>134</i> | SHEET
<i>10</i> |
| COLOR
<i>W</i> | AGE
<i>55</i> | BIRTHPLACE
<i>Ky</i> | | | |
| COUNTY
<i>Union</i> | | CITY | | | |
| ENUMERATED WITH
<i>Beltin Robert</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC044-DC 1910-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Fred Lewis Daisy</i> | | E.D.
<i>18</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Mw</i> | AGE
<i>15</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>New Iberia</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>William Lewis</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 2200 | NAME OF INDIVIDUAL
<i>Levin Dalton</i> | | E.O.
73 | SHEET
9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>2</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | <i>Lincoln</i> | CITY
<i>Seniors Village</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Juliano, James</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Ed</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Ed</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Ed</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15199-P61

LOUISIANA

| LOUISIANA | | | | |
|-------------------------|----------------|--------------|------|------------|
| L 200 | HEAD OF FAMILY | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | 56 | 13 |
| B | 35 | | | |
| COUNTY | Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Julia | | w | 25 | |
| Ramon | | s | 7 | |
| Margarett | | s | 4 | |
| Not Reported | | s | 2 | |
| | | | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|----|--|-------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Lewis, Dan | | E.O. | SHEET |
| COLOR | B | AGE | 68 | 84 | 6 |
| | | BIRTHPLACE | | | |
| COUNTY | | St. Mary | | CITY | |
| | | | | | |
| ENUMERATED WITH | | Lewis, Charley | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input checked="" type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P81

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.O. | SHEET | | |
| 1200 | Lewis Dan | 101 | 9 |
| COLOR | AGE | BIRTHPLACE | |
| B | 31 | | |
| COUNTY | Red River | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Hattie | W | 37 | Lex |
| Rae R | S | 12 | |
| Sarahina | S | 7 | |
| Roditi | D | 6 | |
| Ellis | S | 4 | |
| | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | Lawson Dan | | LOUISIANA | |
| COLOR | B | AGE | 50 | BIRTHPLACE | | E.D. | SHEET |
| COUNTY | | Caldw | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Winnie | | | | W | 36 | | |
| Nelson Dennis | | | | N | 5 | | |
| Perkins Stone | | | | N | 3 | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|-------------------|-----------|------------|-------|
| <i>L20</i> | | HEAD OF FAMILY | | LOUISIANA | |
| | | <i>Lewis, Ben</i> | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>B</i> | <i>45</i> | | | | |
| COUNTY | | | CITY | | |
| <i>Avoyelles</i> | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>/ Caroline</i> | | <i>W</i> | <i>47</i> | | |
| <i>David</i> | | <i>ad S</i> | <i>6</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-------|----------------|------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis, Dan | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 3 | 42 | Ark. | | | |
| COUNTY | | | CITY | | |
| Morehouse | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Allie | 24 | 16 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 24 | 2 1/2 | 44 | 3 |
| COUNTY | | | CITY | | |
| East Carroll | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Julia | | W | 58 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|--|-------------------|
| L202 | | NAME OF INDIVIDUAL
<i>Lewis Davis</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>10</i> | BIRTHPLACE | | E.D.
<i>84</i> | SHEET
<i>1</i> |
| COUNTY | | CITY
<i>Rapides</i> | | CITY
<i>Lecompte</i> | |
| ENUMERATED WITH
<i>Lewis Davis</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Ad 5</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC101M-DC 18185-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| B | | 48 | | | 88 |
| COUNTY | | | S. May | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Leija | | w | 45 | | |
| Mally | | D | 14 | | |
| Vampy | | S | 12 | | |
| Kama | | D | 11 | | |
| Lemard | | S | 9 | | |
| Sam | | S | 4 | | |
| | | | | | |
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FORM 16-436 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---------------|----------------|-----|------------|--|-----------|--|
| 2200 | | HEAD OF FAMILY | | Louis Lane | | LOUISIANA | |
| COLOR | B | AGE | 24 | BIRTHPLACE | | | |
| COUNTY | Pointe Coupee | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Jane | | W | 24 | | | | |
| Robert | | S | 2 | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--|--|---|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis, Dan | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 150 16 | |
| B | 35 | | | | |
| COUNTY | | CITY | | | |
| Vernon | | | | | |
| ENUMERATED WITH | | | | | |
| William Shaker | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> WIFE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INSANE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WORKER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Louis Daniel</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>14</i> | BIRTHPLACE | | E.D.
<i>3</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Polite Cassamine</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

16-50841-00 12107-201

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 200 | | NAME OF INDIVIDUAL
<i>Leura Daniel</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>12</i> | BIRTHPLACE | | E.D.
<i>69</i> | SHEET
<i>27</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>De Soto</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Johnson Will</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>SS</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 90 | Va. | 88 | 2 |
| COUNTY | | | CITY | | |
| Matchitoches | | | Robeline | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Muck Francis | | D | 65 | ala | |
| | | | | | |
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FORM 10-436 (4-20-31)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|----------|-------------------|-------------|---------------------|--------------------------------|-----------|--|
| <i>Lee</i> | | HEAD OF FAMILY | | <i>Lewis Daniel</i> | | LOUISIANA | |
| COLOR | <i>B</i> | AGE | <i>26</i> | BIRTHPLACE | E.D. <i>62</i> SHEET <i>11</i> | | |
| COUNTY | | <i>Theriville</i> | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| <i>Polly</i> | | <i>W</i> | <i>22</i> | | | | |
| <i>Fanny</i> | | <i>D</i> | <i>1/12</i> | | | | |
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FORM 10-436 (4-20-21)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 7200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 55 | | 84 | 1 |
| COUNTY | | | Rapides | CITY | |
| | | | | Lecompte | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Kelly | | W | 50 | | |
| 1 Jane | | WDS | 10 | | |
| | | | | | |
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Form 10-434 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|-------------------------------|-----|-------------------------|--|-------------|--|
| 1200
COLOR
W | | HEAD OF FAMILY
Lick Daniel | | LOUISIANA
E.D.
12 | | SHEET
11 | |
| AGE
32 | | BIRTHPLACE | | | | | |
| COUNTY
Ascension | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| May | | W | 30 | | | | |
| Alice | | D | 9 | | | | |
| Maggie | | D | 7 | | | | |
| Clara | | D | 5 | | | | |
| Marcell | | F | 64 | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|---|-----------|
| <i>Lee</i> | | NAME OF INDIVIDUAL | | LOUISIANA | |
| <i>B</i> | | <i>Louis, Daniel</i> | | E.D. | SHEET |
| AGE | | BIRTHPLACE | | <i>8</i> | <i>22</i> |
| COUNTY | | CITY | | | |
| | | <i>Bionville</i> | | | |
| ENUMERATED WITH | | | | | |
| <i>Henderson, James</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |
| | | | | <i>Boarder</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-PS1

| | | | | | |
|-------------------------|---|----------------|------|------------|--|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis, Daniel | | E.O. | | SHEET | |
| COLOR | B | AGE | 58 | BIRTHPLACE | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Letha | | 4 | 50 | | |
| Henry | | 4 | 20 | | |
| Elizabeth | | 2 | 18 | | |
| Daniel | | 4 | 15 | | |
| | | | | | |
| | | | | | |
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FORM 70-636 (2-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| P. 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 28 | | 24 | 18 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lena | | W | 24 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Mr | | 35 | | 93 | 16 |
| COUNTY | | | CITY | | |
| St. Mary | | | Patterson | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rose | | M | 24 | | |
| Mary | | D | 7 | | |
| Daniel Jr. | | S | 4 | | |
| | | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| L 200 | | Larney Darentha | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 50 | ala | | | |
| COUNTY | | CITY | | | |
| East Carroll | | | | | |
| ENUMERATED WITH | | | | | |
| Larney Robert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input checked="" type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

| LOUISIANA | | | |
|---|---|--|---|
| <div> <div> <div>0</div> <div>9200</div> </div> <div> <div>COLOR</div> <div>3</div> </div> </div> | <div> <div>HEAD OF FAMILY</div> <div>Lennie Damm</div> </div> | <div> <div>E.D.</div> <div>99</div> </div> | <div> <div>SHEET</div> <div>11</div> </div> |
| <div> <div>AGE</div> <div>25</div> </div> | <div> <div>BIRTHPLACE</div> </div> | | |
| <div> <div>COUNTY</div> <div>Red River</div> </div> | <div> <div>CITY</div> </div> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Liddie | W | 22 | |
| Lennie | D | 5 | |
| Millie | D | 4 | |
| Jane | D | 2 | |
| Marie | D | 6/2 | |
| Johnson, Lennie | MC | 6/6 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLON | | AGE | | R.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 22 | | 102 | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Landry | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Opelousas | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geniel Robert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15195-P61

| | | LOUISIANA | |
|-------------------------|-------------------|--------------|------------|
| <i>8200</i> | HEAD OF FAMILY | E.D. | SHEET |
| | <i>Louis Dave</i> | <i>22</i> | <i>17</i> |
| COLOR | AGE | BIRTHPLACE | |
| <i>W</i> | <i>42</i> | | |
| COUNTY | CITY | | |
| | <i>Clai borne</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Odie</i> | <i>W</i> | <i>36</i> | |
| <i>Sewy</i> | <i>S</i> | <i>12</i> | |
| <i>Thelma</i> | <i>D</i> | <i>1 1/2</i> | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 24 | | 9 | 4 |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Doustine | | W | 25 | | |
| Laurine | | D | 4 | | |
| Evelene | | D | 1 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis Lane | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 29 | Texas | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| + 2 Boarders | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 29 | Tex | 44 | 33 |
| COUNTY | | | Calcasieu | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| And 2 Boarders | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | S.D. | SHEET |
| B | | 70 | | 119 | 17 |
| COUNTY | | | CITY | | |
| Webster | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lucy | | W | 70 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------------------------|-----|------------|
| L200 | HEAD OF FAMILY
Locks, David | | |
| E.O. | SHEET
1537 | | |
| COLOR
mm | AGE
14 | | |
| BIRTHPLACE | | | |
| COUNTY
St. Landry | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Lezusa | w | 40 | |
| Pearl | d | 22 | |
| Rochren | d | 19 | |
| Cordelia | d | 17 | |
| Minetha | d | 16 | |
| Salma | s | 14 | |
| Cecilia | d | 12 | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-----|------------|
| Henry | 4 | 11 | |
| Elmira | 2 | 9 | |
| | | | |
| | | | |
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10-634a 14-20-611

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

11500-108-15108-161

| | | | | | |
|---|-----|--------------------|--|-----------|--|
| 1200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis, David | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 6 | | | | |
| COUNTY | | CITY | | | |
| Avoyelles | | | | | |
| ENUMERATED WITH | | | | | |
| Lewis, Dan | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
 <u>Ad. S.</u> </div> </div> | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

U.S. COMM. DEC. 1910-1961

1200

L200

| LOUISIANA | |
|-------------------------|-----------------------------|
| HEAD OF FAMILY | E.D. SHEET |
| L200 | 93 9 |
| COLOR | AGE BIRTHPLACE |
| B | 48 |
| COUNTY | CITY |
| St. Tammany | |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP AGE BIRTHPLACE |
| Katie | w 32 Miss |
| Harriet M | D 5 Miss |
| Harriet Ann | D 4 |
| | |
| | |
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| | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------|----------------|------|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Jacks David Jr | | E.D. | | SHEET | |
| 153 | | 2 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 29 | | | | |
| COUNTY | St. Landry | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dausette Mary | | Sister | 12 | | |
| Bayard Letha | | Sister | 7 | | |
| Beatsia | | Sister | 5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|---|---|
| LOUISIANA | |
| L-200 | NAME OF INDIVIDUAL
<i>Lewis David</i> |
| E.D. | SHEET |
| 10 | 27 |
| COLOR
<i>MW</i> | AGE
<i>9</i> |
| BIRTHPLACE | |
| COUNTY
<i>Acadia</i> | CITY
<i>Crowley</i> |
| ENUMERATED WITH
<i>Lewis Rebecca</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

15COIM-DC 15106-P61

| LOUISIANA | | | |
|-------------------------|--------------|-----|------------|
| E.D. | | | |
| SHEET | | | |
| HEAD OF FAMILY | | | |
| L200 Lewis, David | | | |
| COLOR | AGE | | |
| B | 32 | | |
| BIRTHPLACE | | | |
| | | | |
| COUNTY | CITY | | |
| St. Landry | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Madam | w | 29 | |
| McKinley | s | 7 | |
| | | | |
| | | | |
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|-------------------------|-----|----------------|------|------------|--|
| 500 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis David | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 30 | | | | |
| COUNTY | | | CITY | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Maria | | M | 60 | | |
| / Elyza | | R | 16 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 6200 | | NAME OF INDIVIDUAL
<i>Leure David</i> | | ED.
40 | SHEET
24 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
5 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Martin</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Smith John</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18109-P31

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 20 | NAME OF INDIVIDUAL
<i>Locke, David</i> | | E.D.
<i>87</i> | SHEET
<i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>94</i> | BIRTHPLACE
<i>N. Car.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Rapides</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>James Henry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input checked="" type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 1610B-P61

| | | | | | |
|-------------------------|--|------------------------------------|------------|-----------------|-----------------|
| 1200 | | HEAD OF FAMILY <i>Lewis, David</i> | | LOUISIANA | |
| COLOR <i>B</i> | | AGE <i>45</i> | BIRTHPLACE | E.D. <i>125</i> | SHEET <i>18</i> |
| COUNTY <i>Tensas</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Lizzie</i> | | <i>W</i> | <i>35</i> | | |
| <i>David</i> | | <i>S</i> | <i>6</i> | | |
| <i>Linda</i> | | <i>D</i> | <i>9</i> | | |
| <i>Belle</i> | | <i>D</i> | <i>7</i> | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|----------------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>Lead</i>
COLOR <i>B</i> | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Lewis David</i>
AGE <i>22</i> BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY <i>Jefferson</i> | | CITY | | <i>110</i> <i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Hall, Leon</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910B-P01

| | | | | | | | |
|-------------------------|--|----------------|--|-------------|--|------------|--|
| 7202 | | HEAD OF FAMILY | | Leach David | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 36 | | | | 10213 | |
| COUNTY | | | | CITY | | | |
| Sabine | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Lydia | | W | | 28 | | | |
| Zetta | | D | | 7 | | | |
| Betty | | D | | 4 | | | |
| Law | | D | | 1 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|---|--|
| L 300
COLOR <i>Mu</i> | | NAME OF INDIVIDUAL
<i>Lewis David</i> | | LOUISIANA
E.D. <i>107</i> SHEET <i>19</i> | |
| AGE <i>26</i> | | BIRTHPLACE
<i>Miss</i> | | | |
| COUNTY
<i>Tangipahoa</i> | | CITY
<i>Rentwood</i> | | | |
| ENUMERATED WITH
<i>Johnson Alice</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | |
|---|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL <i>Lewis David</i> |
| E.D. <i>715</i> | SHEET <i>27</i> |
| COLOR <i>B</i> | AGE <i>16</i> BIRTHPLACE |
| COUNTY | CITY <i>Webster</i> |
| ENUMERATED WITH <i>Howard Lewis</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P01

| LOUISIANA | | | |
|---|---|---|------------|
| L200 | NAME OF INDIVIDUAL
<i>Lewis, David</i> | | E.D.
83 |
| COLOR
<i>W</i> | AGE
<i>6</i> | SHEET
29 | |
| BIRTHPLACE | | | |
| COUNTY
<i>Rapides</i> | CITY | | |
| ENUMERATED WITH
<i>Lewis, Theodore</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16196-P01

| LOUISIANA | |
|-------------------------|--------------------------------|
| L200 | HEAD OF FAMILY
Lamina David |
| E.D.
150 | SHEET
3 |
| COLOR
W | AGE
51 |
| BIRTHPLACE
Ark | |
| COUNTY
Vernon | CITY |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| Lamina | W |
| Charles | S |
| Ada | D |
| Luther | S |
| Alonso | S |
| Walter | S |
| Addie | D |

Form 10 636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------------------|-------------------|-----|------------|
| 1 Irene | D | 10 | |
| Rollins, Elizabeth | Si | 64 | Miss. |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01

| LOUISIANA | | | |
|---|------------------|--------------------|-------------------|
| NAME OF INDIVIDUAL
<i>Lewis David</i> | | E.D.
<i>127</i> | SHEET
<i>7</i> |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE | |
| COUNTY | <i>Winn</i> | CITY | |
| ENUMERATED WITH
<i>Liles Henry</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input checked="" type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&AM-DC 1910-F81

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Daniel | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 43 | | | | |
| COUNTY | | Winn | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|---|---------------------------------|
| 1200
COLOR <i>Wm</i> | | NAME OF INDIVIDUAL
<i>Levens David L.</i> | | E.D.
<i>98</i> | LOUISIANA
SHEET
<i>26</i> |
| AGE
<i>75</i> | | BIRTHPLACE | | | |
| COUNTY
<i>Ouachita</i> | | CITY | | | |
| ENUMERATED WITH
<i>Harry Otis</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (<i>Specify</i>) | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCIB-DC 18100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------|--------------------|-------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----------|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis David E</i> | | E.D.
<i>127</i> | SHEET
<i>1</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>9</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Winn</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis Robert L.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P01

| | | | | | |
|-------------------------|--|----------------|---------------|------------|------------|
| 2900 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| 15 | | 25 | Lima, David G | | 163 116 |
| COUNTY | | | CITY | | |
| TEXAS | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | | W | 20 | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| 200 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|--|
| Lewie David O. | | E.O. | SHEET | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 36 | | | | |
| COUNTY | | JACKSON | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Carrie | W | 32 | | | |
| Ralph | S | 5 | | | |
| Donald D | S | 4 | | | |
| Alta M | D | 2 | | | |
| "1 Bo" | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|----------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----------------|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>L 200</i> | NAME OF INDIVIDUAL
<i>Lace David L.</i> | | E.D. SHEET
<i>29 25</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>17</i> | BIRTHPLACE
<i>Tex</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Campbell William W.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Boarder</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Boarder</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Boarder</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Davis | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 45 | | | | |
| COUNTY | | St. Landry | | CITY | |
| | | | | C. Pelousa | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W. | 35 | | |
| Brown Virginia | | Sis. | 13 | | |
| Frank Harris | | N. | 9 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|-------------------------|--------------|
| L200 | |
| HEAD OF FAMILY | |
| Lewis, Louis | |
| E.D. | SHEET |
| 101 | 6 |
| COLOR | AGE |
| B | 43 |
| BIRTHPLACE | |
| | |
| COUNTY | CITY |
| St. Landry | |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| AGE | BIRTHPLACE |
| Ella | W |
| 39 | |
| Eddie | S |
| 19 | |
| Richard | S |
| 16 | |
| Isil | S |
| 8 | |
| Helen | D |
| 14 1/2 | |
| | |
| | |
| | |

| | | | LOUISIANA | |
|-----------------------------------|--------------------------------------|-----------------------------|-------------------|-------------------|
| <i>L 200</i> | HEAD OF FAMILY
<i>Lewis Davis</i> | | E.D.
<i>27</i> | SHEET
<i>8</i> |
| COLOR
<i>B</i> | AGE
<i>38</i> | BIRTHPLACE
<i>Miss -</i> | | |
| COUNTY
<i>East Baton Rouge</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Margaret</i> | <i>w</i> | <i>37</i> | | |
| <i>Louisa</i> | <i>d</i> | <i>11</i> | | |
| <i>Charles</i> | <i>s</i> | <i>9</i> | | |
| <i>Emma</i> | <i>d</i> | <i>6</i> | | |
| <i>Arthur</i> | <i>s</i> | <i>4</i> | | |
| <i>Ethel</i> | <i>d</i> | <i>1</i> | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 1200
COLOR | | NAME OF INDIVIDUAL
Louis Davis | | E.D.
45 | SHEET
8 | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE
16 | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Lafourche | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
No Head | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16105-P61

| | |
|--|---|
| LOUISIANA | |
| 200 | NAME OF INDIVIDUAL <i>Louis, Davis</i> |
| E.D. <i>25</i> | SHEET <i>25</i> |
| COLOR <i>B</i> | AGE <i>18</i> |
| BIRTHPLACE | |
| COUNTY <i>Jefferson</i> | CITY <i>Mc Donoghville</i> |
| ENUMERATED WITH <i>Louis, Julia</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-PS1

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---------|---------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 200 | | NAME OF INDIVIDUAL Lewis Davis | | E.D. 34 | SHEET 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR B | AGE 18 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY Jefferson | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH Joneson, Monroe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| C200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 12 | | 27 | | 98 | 9 |
| COUNTY | | | CITY | | |
| St. Tammany | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1200 | | 1 | 57 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|------------------|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Louis Realin</i> | | E.D.
<i>6</i> | SHEET
<i>12</i> |
| COLOR
<i>B</i> | AGE
<i>5</i> | BIRTHPLACE | | | |
| COUNTY
<i>Ascension</i> | | CITY
<i>Ronaldenville</i> | | | |
| ENUMERATED WITH
<i>Wells Alfred</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-437 (4-30-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 200 | | HEAD OF FAMILY | | Louisiana | |
| L. L. Decatur | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 42 | Miss | | | |
| COUNTY | | CITY | | | |
| East Baton Rouge | | Baton Rouge | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 42 | | |
| William | | S | 14 | | |
| Oddie | | S | 12 | | |
| Mary | | D | 10 | | |
| Clayton | | P | 6 | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| <i>L-200</i> | NAME OF INDIVIDUAL
<i>Lewis DeBlanc</i> |
| E.D.
<i>118</i> | SHEET
<i>19</i> |
| COLOR
<i>B</i> | AGE
<i>16</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| ENUMERATED WITH
<i>Webster</i> | |
| <i>Larris Dove</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>0</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCEN-10C-1910-241

| | | | | | |
|--|-----------|---|--|---|-------------|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis Delta</i> | | E.D.
78 | SHEET
18 |
| COLOR
<i>B</i> | AGE
36 | BIRTHPLACE | | | |
| COUNTY
Natchitoches | | CITY | | | |
| ENUMERATED WITH
<i>Linton John</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Son</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16183-P61

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | Louisiana | |
| Lewis | | DeLmar | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 51 | | | | |
| COUNTY | | | CITY | | |
| Tensas | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Clarence | S | 15 | | |
| | Olivia | D | 19 | | |
| | Bunker | S | 13 | | |
| | Hesterude | D | 9 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| C200 | NAME OF INDIVIDUAL
<i>Louis Delphine</i> | | E.D.
92 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
2 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Rapides</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Edward William</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16105-P61

[illegible]

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-------------------|------------|
| COLOR | AGE | E.D. | SHEET |
| <i>X200</i> | <i>Lige</i> | <i>137</i> | <i>16</i> |
| <i>W</i> | <i>38</i> | <i>Thomastown</i> | |
| COUNTY | CITY | | |
| <i>Vermillion</i> | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Natili</i> | <i>W</i> | <i>26</i> | |
| <i>Angela</i> | <i>D</i> | <i>8</i> | |
| <i>Alfred</i> | <i>S</i> | <i>4</i> | |
| <i>Prevelle</i> | <i>D</i> | <i>3</i> | |
| <i>Francis D</i> | <i>S</i> | <i>2</i> | |
| <i>Anastion</i> | <i>S</i> | <i>1/2</i> | |
| <i>Picard</i> | <i>Alts</i> | <i>16</i> | |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|-----|--|------|--|-------|
| Last | | NAME OF INDIVIDUAL | | E.D. | SHEET |
| Laou | | Laiche Denis | | 67 | 4 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 25 | | | | |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Bignol Tomassin | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P01

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | |
| L 200 Lewis | | 122 | 17 | |
| COLOR | AGE | BIRTHPLACE | | |
| B | 42 | | | |
| COUNTY | | CITY | | |
| St. Landry | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| ↓ 1 servant | | | | |
| | | | | |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|-------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 40 | | 23 | 10 |
| COUNTY | | CITY | | |
| East Baton Rouge | | Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Myrtle | W | 20 | | |
| Legerina | D | 7 | | |
| Allen | S | 6 | | |
| Agness | D | 4 | | |
| Eda | D | 1 | | |
| | | | | |
| | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|------------------|-------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Louis Desla</i> | | E.O.
<i>2</i> | SHEET
<i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>3</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Assumption</i> | CITY
<i>Plattenville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Conner, Duggles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NUNNATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NUNNATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NUNNATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-761

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| 1200 | Louis | Deras | 21 | 33 |
| mu | 30 | | | |
| COUNTY | Lafayette | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucie | w | 27 | | |
| Jimmie | s | 7 | | |
| Waddy | s | 8 | | |
| Malub | D | 4 | | |
| Dalton | s | 6 | | |
| Clarence | s | 2 | | |
| Edna | D | 3.2 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------------------|-------------------|-----------|------------|
| <i>Londry Alcide</i> | <i>B-L</i> | <i>22</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

| | | LOUISIANA | |
|-------------------------|-------------------|------------|------------|
| L200 | HEAD OF FAMILY | E.D. | SHEET |
| | Laoch Despalme Jr | 2 | 22 |
| COLOR | AGE | BIRTHPLACE | |
| W | 39 | | |
| COUNTY | Acadia | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Philomena | W | 33 | |
| Varice | S | 17 | |
| Varisial | d | 16 | |
| Clida | d | 12 | |
| Joseph | S | 10 | |
| Alexis | S | 8 | |
| | | | |
| | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|--------------|---------|
| 200 | HEAD OF FAMILY | | E.D. 14 |
| | Louis Detail | | SHEET 3 |
| COLOR B | AGE 22 | BIRTHPLACE | |
| COUNTY | Iberia | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| Doristine | | W | 25 |
| Peatie | | D | 7 |
| Theresa | | D | 4 |
| Walter | | S | 5 |
| Bernest | | S | 3 |
| Inez | | D | 1 |
| Anatole | | AS | 9 |

FORM 16-436 (4-20-01)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|--|---|--|------------|------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Lewis Jewett</i> | | E.D.
57 | SHEET
1 |
| COLOR
<i>w</i> | AGE
<i>10</i> | BIRTHPLACE | | | |
| COUNTY
<i>Cameron</i> | | CITY | | | |
| ENUMERATED WITH
<i>Dubon John N.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMM-DC 18100-P61

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| 2500 | | HEAD OF FAMILY | | Louis Dicy | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| B | | 40 | | ala. | | 84 7 | |
| COUNTY | | | | CITY | | | |
| Madison | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| Nanna | | | | D | | 20 | |
| Beverly Chester | | | | Ad S | | 10 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|------------------------------|-----------------------------------|-------------|------------|
| L200 | HEAD OF FAMILY <i>Louis Diltz</i> | | |
| E.D. 153 | SHEET 1 | | |
| COLOR <i>B</i> | AGE <i>60</i> | | |
| BIRTHPLACE | | | |
| COUNTY <i>West Feliciana</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Amel Betsy</i> | <i>D</i> | <i>20</i> | |
| <i>Edgar</i> | <i>SL</i> | <i>25</i> | |
| <i>Paimen</i> | <i>MS</i> | <i>3</i> | |
| <i>Joe</i> | <i>MS</i> | <i>2</i> | |
| <i>Edward</i> | <i>MS</i> | <i>7/12</i> | |
| <i>Anderson George</i> | <i>MS</i> | <i>15</i> | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|--------------------------|------------|--------------|-----------|------------|
| HEAD OF FAMILY | | E.D. | | SHEET |
| <i>2200 Louis Daniel</i> | | <i>32</i> | | <i>23</i> |
| COLOR | AGE | BIRTH PLACE | | |
| <i>B</i> | <i>102</i> | <i>La</i> | | |
| COUNTY | Concordia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Living Alone</i> | | | | |
| | | | | |
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FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| BOY Lewis Dirak | | E.O. 83 | SHEET 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
mu | AGE
80 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Natchitoches | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Keleford Frank | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16199-P61

| | | | | | | | |
|-------------------------|--|----------------|--|------------|--|------------|--|
| 2200 | | HEAD OF FAMILY | | Louis Pink | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| B | | 35 | | | | 101 12 | |
| COUNTY | | | | CITY | | | |
| Ouachita | | | | Monroe | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Mollie | | W | | 34 | | | |
| Lillie | | D | | 14 | | | |
| Ollie | | D | | 12 | | | |
| Mattie | | D | | 8 | | | |
| Calvin | | S | | 6 | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------------------|-----|------------|
| E.D. | SHEET | | |
| L200 | HEAD OF FAMILY Lewis Dixon | | |
| COLOR 8 | AGE 40 BIRTHPLACE Ala | | |
| COUNTY East Carroll | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Mary Peterson | W | 41 | Ala |
| Lewis Willie | S D | 23 | Ala |
| Alexander Eugenia | S | 9 | Ala |
| Peterson Nathaniel | G D | 11 | Ala |
| 1 Annie Belle | G S | 7 | Ala |
| | G D | 6 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------------------------------|-----------|------------|
| 2200 | HEAD OF FAMILY <i>Louis, Byron H</i> | | |
| E.D. 709 | SHEET 6 | | |
| COLOR <i>W</i> | AGE <i>34</i> | | |
| BIRTHPLACE | | | |
| COUNTY <i>Ouachita</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Ida</i> | <i>W</i> | <i>34</i> | |
| <i>Lafette</i> | <i>S</i> | <i>14</i> | |
| <i>Mary</i> | <i>D</i> | <i>13</i> | |
| <i>Adelia</i> | <i>D</i> | <i>11</i> | |
| <i>Ella</i> | <i>D</i> | <i>9</i> | |
| <i>Elizabeth</i> | <i>D</i> | <i>7</i> | |
| <i>Leighton</i> | <i>S</i> | <i>5</i> | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| 1 Marie | D | 7/2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P61

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| 2200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lemua Depon H | | 89 | 15 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 56 | Ark | | |
| COUNTY | St. Helena | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Mary | W | 42 | |
| | Annie | D | 16 | |
| | Howard | S | 14 | |
| | Gracie | D | 11 | |
| | Mary | D | 8 | |
| | Willie | S | 6 | |
| | | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL <i>Louis, Docia</i> |
| E.D. 82 | SHEET 19 |
| COLOR <i>B</i> | AGE <i>9</i> BIRTHPLACE |
| COUNTY <i>Natchitochs</i> | CITY |
| ENUMERATED WITH <i>Moore, William, Jr</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIFE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>C</i> | |

FORM 16-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

LOUISIANA

| | | | | | | | |
|-------------------------|-----|----------------|--------------|-------|------------|-------|--|
| 8200 | | HEAD OF FAMILY | | E.D. | | SHEET | |
| Laura | | Dock | | 22 | | 15 | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| 8 | 32 | | | | | | |
| COUNTY | | | | CITY | | | |
| Clai borne | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lolly | | | W | 30 | | | |
| Percy | | | S | 10 | | | |
| Lula | | | D | 6 | | | |
| Walter | | | S | 4 | | | |
| Cliffy | | | D | 1 3/4 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| L200 | HEAD OF FAMILY | | E.D. SHEET |
| | Lewis, Mack | | 73 10 |
| COLOR | AGE | BIRTHPLACE | |
| B | 54 | Va. | |
| COUNTY | St. James | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Felicie | W | 48 | |
| Young Emilie | D | 19 | |
| Lewis, John | S | 18 | |
| 1 Jackson | S | 17 | |
| Felicia | D | 12 | |
| | | | |
| | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|---|----------|---|--|--|--|---------|--|
| 700 | | NAME OF INDIVIDUAL
Leima Dock | | LOUISIANA
E.D. 56 | | SHEET 3 | |
| COLOR
B | AGE
4 | BIRTHPLACE | | | | | |
| COUNTY
Jackson | | | | CITY | | | |
| ENUMERATED WITH
Johnson Dock | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | | | | | | |
|-------------------------|--|----------------|--|-------------------|-----------|-------------------|-----------|
| <i>L 200</i> | | HEAD OF FAMILY | | <i>Lewis Dock</i> | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | SHEET |
| <i>B</i> | | <i>69</i> | | | | <i>62</i> | <i>10</i> |
| COUNTY | | | | CITY | | | |
| | | | | <i>Terrebonne</i> | | <i>Maringouin</i> | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Anny</i> | | | | <i>W</i> | <i>42</i> | | |
| <i>Mattie</i> | | | | <i>D</i> | <i>11</i> | | |
| <i>Joseph</i> | | | | <i>S</i> | <i>13</i> | | |
| <i>Carrie</i> | | | | <i>D</i> | <i>9</i> | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------|--|----|--|-----|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Ligg, Dock | | E.O. | | SHEET | |
| COLOR | B | AGE | 52 | BIRTHPLACE | ala |
| COUNTY | Calcasieu | CITY | | | |
| ENUMERATED WITH | | | | | |
| Rison, L John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input checked="" type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18122-P81

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| C200 | NAME OF INDIVIDUAL
<i>Lewis, Doc</i> | | E.D.
110 | SHEET
16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
27 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Terrebonne</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Halton, Ed</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

LOUISIANA

| | | | | | |
|--|--------------|--|------|---|------------|
| L200 | | NAME OF INDIVIDUAL
<i>Leah Mail</i> | | E.O.
91 | SHEET
6 |
| COLOR
B | AGE
24 | BIRTHPLACE | | | |
| COUNTY | Natchitoches | | CITY | | |
| ENUMERATED WITH
<i>Mrs. Sam</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INSANE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15105-P61

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | NAME OF INDIVIDUAL
<i>Louis Domingue</i> | | E.D.
<i>72</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>22</i> | BIRTHPLACE
<i>Lafayette</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lafayette</i> | CITY
<i>Broussard</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Louis Eraste</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-627 (4-22-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | | | |
|-------------------------|--|----------------|--|-----------------|--|------------|--|
| 2400 | | HEAD OF FAMILY | | Louis Lonsville | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.O. SHEET | |
| W | | 78 | | | | 132 43 | |
| COUNTY | | | | ST. MARTIN | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| Margaret | | | | W | | 67 | |
| Anziphare | | | | S | | 21 | |
| Bernadette | | | | D L | | 19 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lemius Davis</i> | | E.O.
<i>57</i> | SHEET
<i>17</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>22</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Iberville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Brown Daniel</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>D</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P81

LOUISIANA

| | | | | | |
|--|-----------|---|--|---|------------|
| 2202 | | NAME OF INDIVIDUAL
Lewis, Alphonse | | E.D.
65 | SHEET
8 |
| COLOR
W | AGE
21 | BIRTHPLACE
Tex. | | | |
| COUNTY | | St. Charles CITY | | | |
| ENUMERATED WITH
Alphonse J. B. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
HH | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-PSI

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| 1200 | | NAME OF INDIVIDUAL
<i>Lewis Dora</i> | | E.O.
<i>93</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Mrs. Mary</i> | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>Patterson</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Smith's Sister</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Sister</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sister</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sister</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16129-P81

| | | | | | |
|--|--|--|-----------------------------|--|-------------------------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Lewis, Clara</i> | | LOUISIANA | |
| COLOR
<i>A</i> | | AGE
<i>11</i> | BIRTHPLACE | | E.D. <i>95</i> SHEET <i>3</i> |
| COUNTY
<i>Calcasieu</i> | | | CITY
<i>Lake Charles</i> | | |
| ENUMERATED WITH
<i>Babin, Adam</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lewis Clara</i> | | E.O.
62 | SHEET
16 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
20 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Charles</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Pierre Varner</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910C-P01

LOUISIANA

| | | | | | |
|--|------------------|--|--|--|--------------------|
| 1202 | | NAME OF INDIVIDUAL
<i>Leach, Dora</i> | | E.D.
<i>85</i> | SHEET
<i>29</i> |
| COLOR
<i>W</i> | AGE
<i>65</i> | BIRTHPLACE | | | |
| COUNTY | | Pointe Coupee CITY | | | |
| ENUMERATED WITH
<i>William, L B</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16169-P-61

| | | LOUISIANA | |
|-------------------------|-------------------|------------|------------|
| L200 | HEAD OF FAMILY | E.D. | SHEET |
| | <i>Lewis Lora</i> | 71 | 20 |
| COLOR | AGE | BIRTHPLACE | |
| <i>wn</i> | 56 | | |
| COUNTY | CITY | | |
| <i>St. James</i> | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Livingston</i> | | | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------|------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 1200 | NAME OF INDIVIDUAL
<i>Leves, Dora</i> | | E.D.
120 | SHEET
7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>9</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Webster</i> | | CITY
<i>Minden</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Taylor, Benjamin</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>ad</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ad</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ad</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

HACR10-05 18102-P81

LOUISIANA

| | | | | | |
|---|--|--|------|---------|----------|
| 200 | | NAME OF INDIVIDUAL Lewis Dorah | | E.O. 26 | SHEET 16 |
| COLOR MW | AGE 5 | BIRTHPLACE | | | |
| COUNTY Bossier | | | CITY | | |
| ENUMERATED WITH Campbell John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P-1

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lassie, Doristina</i> | | E.D.
72 | SHEET
9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
9 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | St. James | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Willie, Jossaway</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SA</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SA</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SA</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | L 200 | | 103 | 16 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 46 | | | | |
| COUNTY | | CITY | | | |
| St. Landry | | Opelousas | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Olympia | | D | 40 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|--|---|-------------------|
| L-200 | | NAME OF INDIVIDUAL
<i>Louis Doohery</i> | | E.O.
<i>115</i> | SHEET
<i>6</i> |
| COLOR
<i>brn</i> | AGE
<i>45</i> | BIRTHPLACE | | | |
| COUNTY
<i>Webster</i> | | CITY | | | |
| ENUMERATED WITH
<i>Hawthorne James</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOW-DC 1810-P-61

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| L. J. 200 Louis Dotson | | | 115 | 10 |
| COLOR | AGE | BIRTHPLACE | | |
| Mr | 40 | | | |
| COUNTY | | CITY | | |
| Webster | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| L. J. 200 | | | | |
| | | | | |
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Form 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------|---------------------------|------------|
| L-200 | | HEAD OF FAMILY Lewis Love | |
| E.D. 120 | | SHEET 27 | |
| COLOR B | AGE 35 | BIRTHPLACE | |
| COUNTY Webster | | CITY Minden | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Annie | W | 30 | Ark |
| Mattie | D | 13 | Ark |
| | | | |
| | | | |
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FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------------|---------------------------------------|--------------------------|-------------|------------|-------------|
| L200 | HEAD OF FAMILY
<i>Lewis Dozier</i> | | | E.D.
42 | SHEET
18 |
| COLOR
<i>B</i> | AGE
33 | BIRTHPLACE
<i>ala</i> | | | |
| COUNTY
<i>East Carroll</i> | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| <i>George</i> | <i>S</i> | <i>17</i> | <i>Miss</i> | | |
| <i>Helvina</i> | <i>D</i> | <i>14</i> | <i>Miss</i> | | |
| <i>Elijah</i> | <i>S</i> | <i>13</i> | <i>Miss</i> | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|---|--|----|--|-------|
| 1200 | | NAME OF INDIVIDUAL | | E.O. | SHEET |
| | | Lego Drouzin | | 66 | 23 |
| COLOR | W | AGE | 37 | BIRTHPLACE | |
| COUNTY | | St. James | | CITY | |
| ENUMERATED WITH | | | | | |
| Matherne Emil | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input checked="" type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCORA-NC 16100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Louis Dudley</i> | | E.O.
<i>61</i> | SHEET
<i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>21</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>La Salle</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Whittier Dad</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-OC 18199-P61

| LOUISIANA | | | | |
|-------------------------|------------|-------------------|------|------------|
| L200 | | HEAD OF FAMILY | E.D. | SHEET |
| | | Lewis Dudley | 108 | 29 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 30 | | | |
| COUNTY | St. Landry | CITY Grand Coteau | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Living alone | | | | |
| | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|---------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| 200 | Lewis, Duglas | 82 | 7 |
| COLOR | AGE | BIRTHPLACE | |
| B | 35 | | |
| COUNTY | Natchitoches | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Rachal | W | 31 | |
| Joseph | D | 14 | |
| Jennie | D | 15 | |
| Thomas | S | 16 | |
| Armyia | D | 9 | |
| Stephen | S | 8 | |
| Angelina | D | 7 | |

FORM 16-536 (4-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|------------|------------|
| <i>E. mra</i> | <i>D</i> | <i>5</i> | |
| <i>Nora</i> | <i>D</i> | <i>4</i> | |
| <i>Edgerton</i> | <i>S</i> | <i>3</i> | |
| <i>Baby</i> | <i>S</i> | <i>1/2</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 6200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Luke Duncan | | 92 | 13 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 57 | | | | |
| COUNTY | | | CITY | | |
| St. Mary | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lelisha | | W | 46 | | |
| Viola | | D | 15 | | |
| Antony | | S | 13 | | |
| Samuel Anderson | | ADD. | 14 | | |
| Luke, Leane | | S | 22 | | |
| Virginia | | DL | 22 | | |
| Junior | | GR | 1 | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L200 | HEAD OF FAMILY | | E.D. SHEET |
| | Lege Duplant | | 66 32 |
| COLOR | AGE | BIRTHPLACE | |
| bl | 34 | | |
| COUNTY | Lafayette | | CITY |
| | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Louise | W | 30 | |
| Victoria | D | 5 | |
| Loren | S | 1 1/2 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-30-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

E

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Lucas E.</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>19</i> | E.D.
<i>80</i> | SHEET
<i>5</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | Natchitoches | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | <i>Natchitoches</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Lightfoot Heater</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>d</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>d</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>d</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18106-P61

| | | | | | |
|---|------------------|---|--------------------------|------------------|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Leach E.C.</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>51</i> | BIRTHPLACE
<i>Ind.</i> | | ED.
<i>79</i> | SHEET
<i>12</i> |
| COUNTY
<i>Rapides</i> | | | CITY
<i>Abbeville</i> | | |
| ENUMERATED WITH
<i>Walter Louis E.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div><div><input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE</div><div><input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW</div><div><input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
_____</div></div> | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| W | 44 | ala | 144 | 6 |
| COUNTY | | CITY | | |
| Vernon | | Leesville | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Minnie | W | 46 | | |
| Mabel | D | 21 | Tex | |
| Garland | S | 17 | Tex | |
| Eddie | S | 12 | Tex | |
| Alma | D | 14 | Tex | |
| Lucile | D | 10 | Tex | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| 2200 | NAME OF INDIVIDUAL Lewis Earl |
| COLOR | E.D. 23 |
| 7 | SHEET 6 |
| COUNTY | BIRTHPLACE |
| Clai borne | CITY |
| ENUMERATED WITH | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | 5 |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18103-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Louis Earls</i> | | LOUISIANA | E.O.
<i>60</i> | SHEET
<i>20</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>18</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Bernard</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Ashley Albert</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCMM-DC 18100-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| COLOR | AGE | BIRTHPLACE | SHEET |
| W | 45 | | 11 |
| COUNTY | | CITY | |
| Franklin | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Blanche | W | 38 | |
| | | | |
| | | | |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leach | | Leach Ernest | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 146 | 25 | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verdon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Palmer, Louisiana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>SS</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SS | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNCOM-100-10100-101

UNCOM-DC 16199-P01

| | | | | | |
|---|------------------|---|------|-------------------|-------------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Louis Easter</i> | | E.O.
<i>48</i> | SHEET
<i>6</i> |
| COLOR
<i>Wm</i> | AGE
<i>18</i> | BIRTHPLACE | | | |
| COUNTY
<i>East Feliciana</i> | | | CITY | | |
| ENUMERATED WITH
<i>Louis Ella</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input checked="" type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify)
<i>Si</i> </div> </div> | | | | | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16199-P01

| | | | | | | | |
|----------------------------|--|---------------------------------------|--------------|-------------------------|------------|------------|--|
| 202
COLOR
<i>B</i> | | HEAD OF FAMILY
<i>Lewis Easter</i> | | LOUISIANA
E.D.
27 | | SHEET
7 | |
| AGE
80 | | BIRTHPLACE | | | | | |
| COUNTY
East Baton Rouge | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| <i>living alone</i> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Lees Lester</i> |
| E.D. 43 | SHEET 5 |
| COLOR
B | AGE
9 |
| BIRTHPLACE | |
| COUNTY
East Carroll | CITY |
| ENUMERATED WITH
<i>Lees Samuel</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DISCONTINUED 1910-P61

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-----------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| NAME OF INDIVIDUAL
<i>L 200</i> | | E.O.
<i>83</i> | | SHEET
<i>23</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>34</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Pointe Coupee</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Louis, Edward C.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1819-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | Ebby | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 45 | | | | |
| COUNTY | | CITY | | | |
| Concordia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Rebecca | | W | 27 | | |
| Hampton Tommy | | N | 18 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis Ed | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 42 | | | | |
| COUNTY | | | CITY | | |
| Caddo | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Georgia | | W | 40 | | |
| J. C. | | S | 16 | | |
| Andrew | | S | 15 | | |
| Aggie | | D | 12 | | |
| Lealin | | D | 12 | | |
| and | | | | | |
| 4 hired hands | | | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 66 | | 73 | 2 |
| COUNTY | | | CITY | | |
| Pointe Coupee | | | Sty | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Angelina | | W | 65 | Miss | |
| | | | | | |
| | | | | | |
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Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 1e | | 28 | ark | 89 | 13 |
| COUNTY | | | CITY | | |
| Marshall | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mattie | | W | 18 | ark | |
| John W | | S | 2 | | |
| Baby | | S | 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 5200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 6 | Okla | 99 | 8 |
| COUNTY | | | CITY | | |
| Red River | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Beatie | | W | 49 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 21 | | 1096 | 6 |
| COUNTY | | | Sabine | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
| | | | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|---|---------------------|----------------|-----------------|
| <i>7200</i>
NAME OF INDIVIDUAL <i>Louis Ed</i> | | LOUISIANA | |
| COLOR <i>B</i> | AGE <i>29</i> | E.O. <i>88</i> | SHEET <i>17</i> |
| BIRTHPLACE | | | |
| COUNTY | <i>Natchitoches</i> | CITY | |
| ENUMERATED WITH <i>Edkins Wallace</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) _____ </div> </div> | | | |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18196-P61

| | | | | | | | |
|-------------------------|--|-------------------------------|-----|----------------------|--|---------|--|
| 820
COLOR B | | HEAD OF FAMILY
Louis Ed Jr | | LOUISIANA
E.D. 23 | | SHEET 2 | |
| | | AGE 38 | | BIRTHPLACE | | | |
| COUNTY | | Pointe Coupee | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Lemuel | | W | 35 | | | | |
| Ophelia | | D | 13 | | | | |
| Simon | | S | 8 | | | | |
| Mattie | | D | 7 | | | | |
| Mark | | D | 6 | | | | |
| Zachariah | | S | 5 | | | | |
| A. R. | | S | 4 | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|------|-----------|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.O. | SHEET | |
| W | 29 | Ark | 97 | 39 | |
| COUNTY | | | CITY | | |
| Morehouse | | | | | |
| ENUMERATED WITH | | | | | |
| Hawell, Joseph J. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
la | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18188-P-61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| L200 | NAME OF INDIVIDUAL
<i>Lewis Ed</i> | | E.D.
<i>119</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | SHEET
<i>6</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>25</i> | BIRTHPLACE
<i>Miss</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Webster</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Norman Wash</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16169-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L-200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lacey Ed D | | E.D. | | SHEET | |
| 130 | | 18 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 63 | Ireland | | | |
| COUNTY | | CITY | | | |
| Washington | | Richardson | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Malinda R | | W | 56 | Miss | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | |
|--|---|
| 1200 | NAME OF INDIVIDUAL
<i>Lester Eddie</i> |
| E.D.
7 | SHEET
21 |
| COLOR
B | AGE
6 |
| BIRTHPLACE | |
| COUNTY | CITY |
| Acadia | |
| ENUMERATED WITH
<i>Taylor Mary</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>grandchild</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P-61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. SHEET |
| B | | 37 | Ala. | | 81 7 |
| COUNTY | | | CITY | | |
| Madison | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Henderson | | F | 61 | Ala | |
| Laguerre | | M | 40 | / | |
| Greene, Lillie | | M | 26 | | |
| Archie | | M | 3 | | |
| Luggie | | M | 2 | | |
| Lennie | | M | 1/2 | | |
| | | | | | |

FORM 16-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Leach Eddie | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 107 | 17 |
| W | 26 | | | | |
| COUNTY | | | CITY | | |
| Sabine | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Lula | | W | 25 | Mo | |
| Jewel | | D | 6 | | |
| | | | | | |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|------------|-----------|-------|
| 9200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 22 | | 114 | 40 |
| COUNTY | | | CITY | | |
| Tangipahoa | | | | | |
| ENUMERATED WITH | | | | | |
| Wattson Hill | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

Form 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-TC 10100-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| * 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lake | | Eddie | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 21 | | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Figger | | w | 18 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 5200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 33 | | 105 | 24 |
| BIRTHPLACE | | Luke, Eddie | | | |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Sarah | | W | 23 | | |
| Bertha | | D | 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Louis Eddie</i> | | E.D.
70 | SHEET
6 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>L</i> | AGE
<i>5</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lincoln</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Boone Spence</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| | |
|--|---|
| LOUISIANA | |
| L 200 | NAME OF INDIVIDUAL <i>Lewis, Eddie</i> |
| E.O. 39 | SHEET 1 |
| COLOR <i>B</i> | AGE <i>7</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| <i>East Feliciana</i> | |
| ENUMERATED WITH <i>Moore, Henry D</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) <i>Ad S</i> | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| E.O. | SHEET | | |
| 200 | Louis Edgar | 132 | 42 |
| COLOR | AGE | BIRTHPLACE | |
| mu | 39 | | |
| COUNTY | St. Martin | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Elise | W | 36 | |
| Bertha | S | 16 | |
| Ignace | S | 13 | |
| Bertin | S | 10 | |
| Labba | S | 8 | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|--|--|-------------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Lewis Edgar</i> | | E.D.
<i>50</i> | SHEET
<i>7</i> |
| COLOR
<i>A</i> | AGE
<i>22</i> | BIRTHPLACE | | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | | |
| ENUMERATED WITH
<i>James George W</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-537 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | LOUISIANA | |
|-------------------------|-----|--------------|-----------|------------|
| HEAD OF FAMILY | | E.D. | SHEET | |
| Lewis Edgar O | | 75 | 2 | |
| COLOR | AGE | BIRTHPLACE | | |
| W | 35 | | | |
| COUNTY | | CITY | | |
| Lincoln | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Alice | | W | 49 | |
| Simmons Jannine | | Da | 8 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|-----------|----------------|----------------|
| L200 | | HEAD OF FAMILY | E.D. SHEET |
| | | Louisa Edgard | 67 9 |
| COLOR | AGE | BIRTHPLACE | |
| B | 46 | | |
| COUNTY | Lafayette | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE BIRTHPLACE |
| | Matilda | W | 36 |
| | Emelie | S | 14 |
| | Francis | S | 16 |
| | Berthe | D | 13 |
| | Mouna | D | 6 |
| | Inoloth | S | 1 |
| | Victor | N. | 18 |
| | Lucius | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|-------------|--------------|
| L200 | HEAD OF FAMILY | Leze Edgard | E.D. 2 12 |
| COLOR
W | AGE
38 | BIRTHPLACE | |
| COUNTY | Assumption | CITY | Plattenville |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Leze Lilia | W | 36 | |
| | Cecile | 12 | |
| | Fortune | 10 | |
| | Eugene | 8 | |
| | Joseph | 6 | |
| | Edgard | 1 1/2 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lewie Edline</i> | | E.D.
5 | SHEET
5 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
11 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Acadia | | CITY
Iota. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Hayes, Willie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

| | | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-----------|--|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| L. 200 | | 149 | 5 | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 39 | | | | |
| COUNTY | Vernon | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Mary E | W | 32 | | | |
| Leah R | D | 14 | | | |
| Lola S | D | 12 | | | |
| Lynah T | S | 9 | | | |
| Lilie A | D | 9 | | | |
| Bernard L | S | 4 1/2 | | | |
| Vernon T | D | 1 1/2 | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | |
|--|--|--|-------------------|
| NAME OF INDIVIDUAL
<i>Leo Louis, Edmond</i> | | E.D.
<i>6</i> | SHEET
<i>6</i> |
| COLOR
<i>B</i> | AGE
<i>8</i> | BIRTHPLACE | |
| COUNTY
<i>Ascension</i> | CITY
<i>Donaldville</i> | | |
| ENUMERATED WITH
<i>Carter, Frank Rev.</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW | | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P01

LOUISIANA

| | | | | |
|-------------------------|------------------|--------------|----------------|------------|
| L-200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Louis, Edmond J. | | 17 | 3 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 61 | | | |
| COUNTY | Avoyelles | | CITY "Hessmer" | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Mary | | W | 100 | |
| Boyton | | S | 15 | |
| | | | | |
| | | | | |
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| | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|---|------------|-------------|
| L200 | NAME OF INDIVIDUAL
<i>Louis Edmonia</i> | | E.D.
10 | SHEET
12 |
| COLOR
<i>B</i> | AGE
21 | BIRTHPLACE | | |
| COUNTY
Acadia | | CITY
<i>Crooley</i> | | |
| ENUMERATED WITH
<i>James Lucy</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>si</i> | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-28-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOM-DC 16198-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--------------|--------------------------------|--|--|
| L 200 | NAME OF INDIVIDUAL
<i>Lewis Edna</i> | | E.D.
<i>10</i> | SHEET
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>mul</i> | AGE
<i>18</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Acadia</i> | | CITY
<i>Crowley</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Monroe Eddie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>s. s.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>s. s.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>s. s.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

LOUISIANA

| | | | | | |
|--|------------------|---|------|---|--------------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Laura Edna</i> | | E.O.
<i>39</i> | SHEET
<i>13</i> |
| COLOR
<i>W</i> | AGE
<i>12</i> | BIRTHPLACE | | | |
| COUNTY
<i>Calcasieu</i> | | | CITY | | |
| ENUMERATED WITH
<i>Gravel Lea</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 18-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | | | |
|--|----------|---|--|---|------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Louis Edna</i> | | E.O.
3 | SHEET
9 |
| COLO.
B | AGE
8 | BIRTHPLACE | | | |
| COUNTY
Ascension | | CITY | | | |
| ENUMERATED WITH
<i>Leite Cassina</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>d</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis, Emma | | | | 83 | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Madison | | Tallulah | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cooper, Mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18128-P61

| | | | LOUISIANA | |
|---|--------------|------------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | |
| <i>L. Edras</i>
COLOR <i>Mu</i> AGE <i>45</i> BIRTHPLACE <i>St. Martin</i> | | <i>132</i> | <i>50</i> | |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Aurelia</i> | <i>W</i> | <i>36</i> | | |
| <i>Edreal</i> | <i>S</i> | <i>17</i> | | |
| <i>Armond</i> | <i>S</i> | <i>15</i> | | |
| <i>Alma</i> | <i>D</i> | <i>13</i> | | |
| <i>Cecile</i> | <i>D</i> | <i>11</i> | | |
| <i>Leticia</i> | <i>D</i> | <i>9</i> | | |
| <i>Josephine</i> | <i>D</i> | <i>8</i> | | |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF

Hemingway Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
ORANGES EVERYWHERE

Soundex
QUICK AS
A FLASH

RE-LETTER CHART

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

1

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-------|------------|
| Usulle | S | 6 | |
| Edna | S | 4 | |
| Mary | S | 1 1/2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM:HTC 16100-P61

Edward

PRODUCT OF

Hamington Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
BRANCHES EVERYWHERE

Soundex
QUICK AS
A FLASH

REV. ALFRED CHART

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 19 | | 101 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Terrebonne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lucky Garrison | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC0144-DC 16106-P61

| | | | | | |
|---|---|--------------------|----|-----------|-----|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 23 | E.O. | 113 |
| | | BIRTHPLACE | | SHEET 4 | |
| COUNTY | | Tangipahoa | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> WORKER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19100-P01

| | | | |
|---|---|--|------------|
| | | LOUISIANA | |
| 200 | NAME OF INDIVIDUAL
James Edward | | E.D.
76 |
| COLOR
Dan | AGE
17 | SHEET
14 | |
| COUNTY
St. James | | CITY
James | |
| ENUMERATED WITH
James Edward | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910b-P01

| | | | | | |
|---|---|---|------|--|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Laiche Edward | | E.D. | SHEET |
| COLOR | B | AGE | 12 | 66 | 7 |
| | | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| ENUMERATED WITH | | | | | |
| Ransom Thomas A | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16196-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1307 | | NAME OF INDIVIDUAL
<i>Lewis Edward</i> | | E.O.
<i>89</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>w</i> | AGE
<i>52</i> | BIRTHPLACE
<i>Pa</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St Helena</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Webb Frank</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)
<i>Pa</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Pa</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Pa</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Leuris Edward</i> | | LOUISIANA | E.D.
<i>4</i> | SHEET
<i>1</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>14</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Ascension</i> | | CITY
<i>Donaldsonville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Rox Victoria</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Son</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> Other (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Son</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> Other (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Son</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-NC 1910-P01

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | |
| 22 | | 1 | |
| COLOR | AGE | BIRTHPLACE | |
| B | 36 | | |
| COUNTY | CITY | | |
| Iberia | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Maria | W | 33 | |
| Atto | S | 11 | |
| Rosita | D | 9 | |
| Mohire | S | 5 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 16-636 (4-29-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 36 | | | 86 | 16 |
| COUNTY | | CITY | | | |
| ST. MARY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Mary | W | 35 | | | |
| Agnes | D | 17 | | | |
| Bertrude | D | 13 | | | |
| Edward | S | 9 | | | |
| Edna | D | 7 | | | |
| Albert | D | 5 | | | |
| Leonard | S | 3 | | | |

FORM 10-616 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

FORM 10-436a (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 15100-P61

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 30 | | 128 | 24 |
| COUNTY | | ST. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 33 | | |
| Haskell | | S | 6 | | |
| Alberta | | D | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|----|----------------------|-----|----------------|--|-----------|----|
| L207 | | HEAD OF FAMILY | | Louisie Edward | | LOUISIANA | |
| COLOR | Mu | AGE | 71 | BIRTHPLACE | | E.D. | 80 |
| | | | | | | SHEET | 6 |
| COUNTY | | St. John the Baptist | | CITY | | Laplace | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Edna | | D | 28 | | | | |
| Lawrence | | S | 24 | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis Edward | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. John the Baptist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Burk, Coffee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18102-P01

| | | | | | | | |
|-------------------------|--|--------------------------------|-----|-------------------------|--|-------------|--|
| 12021
COLOR
W | | HEAD OF FAMILY
Liss, Edward | | LOUISIANA
E.D.
95 | | SHEET
25 | |
| AGE
51 | | BIRTHPLACE | | | | | |
| COUNTY
Red River | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Fannie | | W | 28 | | | | |
| Olive | | d | 14 | | | | |
| Mony | | d | 14 | | | | |
| Edward Jr | | 2 | 11 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|---------|
| 1200 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR B | AGE 38 | BIRTHPLACE | | E.D. 97 |
| COUNTY Red River | | SHEET 7 | | |
| CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Melva | W | 38 | | |
| Lena | D | 17 | | |
| Nensika | S | 14 | | |
| Madika | S | 14 | | |
| Mary | D | 12 | | |
| Hornis | S | 10 | | |
| Cornelius | S | 8 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Jack | 5 | 6 | |
| William | 5 | 4 | |
| Edward | 5 | 2 | |
| Susan | 12 | 1 | |
| 4 1-30 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18102-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lacks Edward | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 35 | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pinky | | w | 34 | | |
| Rose | | d | 8 | | |
| Mary | | d | 6 | | |
| Holly | | d | 4 | | |
| Edward | | a | 3/12 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|--|---|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Louis Edward</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>29</i> | BIRTHPLACE | | E.O.
<i>90</i> | SHEET
<i>18</i> |
| COUNTY
<i>S. Mary</i> | | CITY
<i>Franklin</i> | | | |
| ENUMERATED WITH
<i>Wiley, Emma</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> LOWER (Specify)
<i>C</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18185-P61

| | |
|--|---|
| LOUISIANA | |
| C200 | NAME OF INDIVIDUAL
<i>Lewis Edward</i> |
| E.D.
<i>95-9</i> | SHEET |
| COLOR
<i>B</i> | AGE
<i>16</i> |
| BIRTHPLACE | |
| COUNTY
<i>St. Mary</i> | CITY |
| ENUMERATED WITH
<i>Cross, James</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 19100-P01

| | | | | | |
|--|------------------|---|--|---|-------------------|
| 1200 | | NAME OF INDIVIDUAL
<i>Lewis, Edward</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>26</i> | BIRTHPLACE
<i>Miss</i> | | E.D.
<i>127</i> | SHEET
<i>3</i> |
| COUNTY | | CITY
<i>Webster</i> | | | |
| ENUMERATED WITH
<i>Smith, Richard</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WORKER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| <i>Ed</i> | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 44 | Mo. | 102 | 3 |
| COUNTY | | | City | | |
| | | | Ouachita | Moss | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Macy | | W | 38 | Miss | |
| Ryan, Margaret | | Mc | 68 | Miss | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.O. SHEET |
| B | | 45 | | | 103 21 |
| COUNTY | | | CITY | | |
| Ouachita | | | Monroe | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Livingstone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2021 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 24 | | 8 | 23 |
| COUNTY | | | CITY | | |
| Acconson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Malika | | W | 22 | | |
| Laura | | D | 7 | | |
| Emma | | D | 6 | | |
| Edward Jr. | | S | 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|---|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR B | | AGE 19 | | ED. 135 | |
| | | BIRTHPLACE | | SHEET 3 | |
| COUNTY | | West Baton Rouge | | CITY | |
| ENUMERATED WITH | | Alexander, Victor | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC1616-DC 1910-637

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 40 | | 122 | 4 |
| COUNTY | | | Webster | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Jeanette | | W | 33 | | |
| Nancy G | | D | 9 | | |
| Charles | | S | 7 | | |
| Mattie J | | D | 6 | | |
| William | | S | 18 | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | |
|-------------------------|----------------|------------|------------|------------|
| L200 | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 48 | E.D. SHEET |
| | | BIRTHPLACE | | |
| COUNTY | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mona | W | 2 | Ala. | |
| Jesse | S | 16 | | |
| Willie | S | 14 | | |
| Archie | S | 8 | | |
| Leble D | | 4 | | |
| | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|----------------|-----------|
| HEAD OF FAMILY | LOUISIANA |
|----------------|-----------|

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 54 | | 83 | 23 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Pointe Coupee | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Liz'e | | W | 47 | | |
| Phelomena | | D | 25 | | |
| Josephine | | D | 18 | | |
| Eddie | | Son | 34 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2206 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 33 | | 114 | 13 |
| COUNTY | | | CITY | | |
| Webster | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 25 | | |
| Lousa A. | | S | 4 | | |
| Williams Eugene | | N | 20 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|--|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lake, Edward M | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 41 | La | | | |
| COUNTY | | CITY | | | |
| Concordia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Jessie | W | 25 | Miss | | |
| Larry J. | S | 15 | / | | |
| Edward F. | S | 13 | / | | |
| Gracie | D | 10 | / | | |
| William B. | S | 7 | La | | |
| /Boards | | | | | |

FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Oliver Edward | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 75 | | | | |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| — Georgine | | 10 | 59 | | |
| Taylor maid | | ni | 20 | | |
| Jackson Fanny | | ni | 64 | | |
| | | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|----------------|--|-----------|--|
| 1 | | HEAD OF FAMILY | | LOUISIANA | |
|---|--|----------------|--|-----------|--|

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | N.R. | | | 66 22 |
| COUNTY | | | CITY | | |
| St James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elisha | | W | 23 | | |
| Bertha | | D | 4 | | |
| Lawrence | | S | 7/12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|--------|------------|-------|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 13 | | 24 | | 101 | 38 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Ouachita | | | Monroe | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Viola | | W | 18 | Tex | |
| Aster | | D | 4 1/2 | | |
| J. L. | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|-------------|-----------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL | | Lewis Edwin | LOUISIANA | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 30 | BIRTHPLACE | | 75 | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | Lincoln | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clark, Jeannie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 10-30-611

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCMM-DC 1818B-P61

| | | | | | |
|--|----------|---|------|--|------------|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis, Edwin</i> | | E.D.
135 | SHEET
3 |
| COLOR
B | AGE
8 | BIRTHPLACE | | | |
| COUNTY
<i>West Baton Rouge</i> | | | CITY | | |
| ENUMERATED WITH
<i>Cook, Major</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SS</i> | |

FORM 18-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

| | |
|--|---|
| LOUISIANA | |
| L 200 | NAME OF INDIVIDUAL <i>Lucretia Emma</i> |
| COLOR <i>W</i> | E.D. <i>194</i> |
| AGE <i>24</i> | SHEET <i>1</i> |
| BIRTHPLACE | |
| COUNTY | CITY <i>Berme</i> |
| Union | |
| ENUMERATED WITH <i>Blora Charles C</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL <i>Legi Clare</i> |
| COLOR <i>W</i> | AGE <i>10</i> |
| BIRTHPLACE | |
| COUNTY | CITY <i>Abbeville</i> |
| ENUMERATED WITH <i>Vermillion</i> | |
| RELATIONSHIP TO ABOVE <i>Pupian Felix</i> | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 200 | | NAME OF INDIVIDUAL
<i>Lewis Albert</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>B</i> | <i>17</i> | | | <i>77</i> | <i>1</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Lincoln</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Johnson Robert</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Ad</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Ad</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Ad</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|--|--|--|--|------------|--|----------|-------|
| L-200 | | NAME OF INDIVIDUAL
<i>Lennie Elbert</i> | | LOUISIANA | | E.O. | SHEET |
| COLOR
<i>B</i> | AGE
<i>7</i> | BIRTHPLACE | | <i>139</i> | | <i>7</i> | |
| COUNTY
<i>Union</i> | | CITY | | | | | |
| ENUMERATED WITH
<i>Mock Oscar</i> | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------------|---|------------------------|--|-------------------|
| P 207 | | NAME OF INDIVIDUAL
<i>Lemmo Ebert</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>19</i> | BIRTHPLACE | | E.D.
<i>71</i> | SHEET
<i>8</i> |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
<i>Lincoln</i> | | | <i>In above Dist K</i> | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Helper</i> | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 21 | | 44 | 13 |
| BIRTHPLACE | | | | | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | De Ridder | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lella | | W | 22 | | |
| and 1 Boarder | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 47 | Miss | 148 | 21 |
| COUNTY | | | Vernon | CITY | |
| | | | | Kempine | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mandy L. | | W | 44 | | |
| Lizzie | | D | 22 | | |
| John A. | | D | 18 | | |
| Willie L. | | D | 16 | | |
| Ellen R. | | S | 15 | | |
| John C. | | S | 13 | | |
| Maud H. | | D | 11 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------------------|-------------------|-------------|------------|
| <i>Lelah L.</i> | <i>0</i> | <i>9</i> | |
| <i>Stianunes</i> | <i>0</i> | <i>7</i> | |
| <i>Huda C.</i> | <i>S</i> | <i>5</i> | |
| <i>Ima L.</i> | <i>0</i> | <i>3/12</i> | |
| | | | |
| | | | |
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FORM 10-636a (4-27-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16198-P61

| | | | | | |
|-------------------------|--|----------------|----------------|------------|------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| B | | 28 | East Feliciana | | 44 |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Carril | | W | 32 | | |
| Cora D | | D | 4 | | |
| Poey D | | S | 3 | | |
| Claude | | D | 7/2 | | |
| | | | | | |
| | | | | | |
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| | | | | | |
|--|--|---|---------------------|---|-------------------|
| 7200 | | NAME OF INDIVIDUAL
<i>Lewis, Elder</i> | | LOUISIANA | |
| COLOR
<i>B</i> | | AGE
<i>19</i> | BIRTHPLACE | E.D.
<i>85</i> | SHEET
<i>3</i> |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | <i>Lewis, Helen</i> | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

Form 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18104-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 32 | | 71 | 7 |
| COUNTY | | | CITY | | |
| Lincoln | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ida | | W | 31 | | |
| Prinice | | S | 7 | | |
| Jimmie | | S | 4 | | |
| Blanchard | | S | 2 | | |
| L. Mandy | | D | 3/12 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|--|--|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Louis Alexander | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 37 10 | |
| 8 | 28 | | | | |
| COUNTY | | Lafourche | | CITY | |
| | | | | | |
| ENUMERATED WITH | | Morse Elizabeth | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Son | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P-61

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 78 | | 18 | 7 |
| BIRTHPLACE | | | | | |
| COUNTY | | Avoyelles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sarah | | w | 67 | | |
| / Sarahphine | | d | 25 | | |
| Lawrence | | g s | 5 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------|------------|-------|
| 65202 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| B | | 40 | | 88 | 14 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Rapidan | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Martha | W | 35 | | |
| | Simon | S | 11 | | |
| | Rachel | D | 8 | | |
| | Johnson | S | 6 | | |
| | | | | | |
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FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--------------------------|---------------------------------|-----------|------------|
| LOUISIANA | | | |
| <i>L200</i> | HEAD OF FAMILY <i>Lewis Eli</i> | | |
| COLOR <i>W</i> | AGE <i>36</i> BIRTHPLACE | | |
| COUNTY <i>Tangipahoa</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>W</i> | <i>W</i> | <i>39</i> | |
| <i>Ashford</i> | <i>S</i> | <i>14</i> | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Lewis, Eli</i> | | LOUISIANA | E.D.
70 | SHEET
2 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
22 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Lincoln</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>David, Jim</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>4-B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|--------|----------------|-----|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lock Eli L | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| White | 30 | Tex | | | |
| COUNTY | Sabine | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 30 | | 7 | 22 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| — Ross | | W | 35 | | |
| | | | | | |
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FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|------------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| B | | 67 | | | 92 8 |
| COUNTY | | | CITY | | |
| | | | Rapides | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Celis | | W | 55 | | |
| | | | | | |
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FORM 18-636 (4-26-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| L 200
COLOR B | | HEAD OF FAMILY
Lewis, Elias | | LOUISIANA
E.D. 26 | SHEET 13 |
|-------------------------|--|--------------------------------|-------|----------------------|----------|
| AGE 38 | | BIRTHPLACE | | | |
| COUNTY East Baton Rouge | | CITY Baton Rouge | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Harriet | | W | 32 | | |
| Lavinia B. | | D | 18 | | |
| Eli | | S | 17 | | |
| Levy | | S | 13 | | |
| William R. | | S | 11 | | |
| Williams, Marie | | Ni | 7 | | |
| Zucker, Adolph | | GS | 1 1/2 | | |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Elcie | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| mu | 32 | | | | |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Charlie | | S | 7 | | |
| Morse | | S | 4 | | |
| Morse Louise | | D | 2 | | |
| Martha | | D | 1 1/2 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------------|--|-------|
| 1200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | S.D. | SHEET |
| W | | 8 | | 136 | 26 |
| COUNTY | | | CITY | | |
| Vermillion | | | Abbeville | | |
| ENUMERATED WITH | | | | | |
| Rujan Felix | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16199-P61

| | | | | | |
|--|--|---|--|--|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 26 | | 87 | 22 |
| BIRTHPLACE | | | | | |
| COUNTY | | St. Helena | | CITY | |
| ENUMERATED WITH | | | | | |
| Bankston, John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
R. M. | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19106-P61

| | | | | | | | |
|-------------------------|--|----------------|--|--------------|--|-----------|--|
| 2201 | | HEAD OF FAMILY | | Louis, Clige | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| W | | 21 | | | | 151 | |
| COUNTY | | Vernon | | CITY | | SHEET | |
| | | | | | | 8 | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| 1 Maybelle | | | | W | | 15 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2200
COLOR B | | NAME OF INDIVIDUAL
<i>Jennis Elijah</i> | | LOUISIANA
E.D. 42 | SHEET
15 | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE 16 | | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Lafourche | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Bertie John</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

| | | | |
|--|--|---|--|
| 10-637 (4-20-61) | | U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS | |
| FORM 10-637 (4-20-61) | | U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS | |
| 1910 CENSUS INDEX - INDIVIDUAL | | USCOMM-OC 1910-P81 | |
| LOUISIANA | | E.D. SHEET | |
| NAME OF INDIVIDUAL | | E.D. SHEET | |
| COLOR | | AGE | |
| BIRTHPLACE | | 152 7 | |
| COUNTY | | CITY | |
| West Feliciana | | CITY | |
| ENUMERATED WITH | | Drenney, William | |
| RELATIONSHIP TO ABOVE | | D | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | | D | |

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-------------------------|---------------------------|-----------------|
| <i>L 202</i> | <i>Lewis, Eliza, F.</i> | E.O. <i>60</i> | SHEET <i>35</i> |
| COLOR
<i>W</i> | AGE
<i>52</i> | BIRTHPLACE
<i>Miss</i> | |
| COUNTY
<i>Grant</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Mary E.</i> | <i>W</i> | <i>44</i> | |
| <i>Alida</i> | <i>D</i> | <i>20</i> | |
| <i>Mattie</i> | <i>D</i> | <i>18</i> | |
| <i>Annie</i> | <i>D</i> | <i>15</i> | |
| <i>Laura</i> | <i>D</i> | <i>13</i> | |
| <i>Lennie</i> | <i>D</i> | <i>11</i> | |
| <i>Georgia</i> | <i>D</i> | <i>7</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-------|------------|
| 1 Barney | 5 | 2 3/4 | |
| | | | |
| | | | |
| 1 Bo | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18500-P61

| | | | | | | | |
|-------------------------|----------|----------------|-----------|---------------------|-------------|-----------------|-----------|
| <i>2200</i> | | HEAD OF FAMILY | | <i>Lewis, Eliza</i> | | LOUISIANA | |
| COLOR | <i>B</i> | AGE | <i>26</i> | BIRTHPLACE | <i>Tex.</i> | E.D. | SHEET |
| | | | | | | <i>141</i> | <i>14</i> |
| COUNTY | | | | CITY | | | |
| | | | | <i>Vernon</i> | | <i>Rosepine</i> | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Living alone</i> | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|----------------------------|------------------|-----------------------------------|-----------|-------------------|-------------------|
| <i>7200</i> | | HEAD OF FAMILY <i>Luke, Elize</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>38</i> | BIRTHPLACE | | E.D.
<i>25</i> | SHEET
<i>7</i> |
| COUNTY
<i>Jefferson</i> | | CITY
<i>Mc Donoughville</i> | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Alice</i> | | <i>W</i> | <i>34</i> | | |
| <i>Lawrence</i> | | <i>S</i> | <i>13</i> | | |
| <i>Lillian</i> | | <i>D</i> | <i>12</i> | | |
| <i>Clarence</i> | | <i>S</i> | <i>10</i> | | |
| <i>Clara</i> | | <i>D</i> | <i>7</i> | | |
| <i>Albert</i> | | <i>S</i> | <i>4</i> | | |
| <i>Emily</i> | | <i>D</i> | <i>2</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| 5 | | 42 | | 116 | 6 |
| COUNTY | | | CITY | | |
| Richland | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Benson Thomas | | S | 21 | | |
| Lewis Hattie | | D | 17 | | |
| 1 Virginia | | D | 15 | | |
| Poundtree Ruby | | D | 11 | | |
| 1 Mamie | | D | 8 | | |
| 1 Lela | | D | 4 | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|----|--------------|---------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 5200 | | NAME OF INDIVIDUAL | | Louis, Eliza | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 68 | BIRTHPLACE | E.D. 25 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Jefferson | | CITY | | SHEET 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | Mc Donoghville | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | Wilson, James | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lousye, Ediza | | 83 | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | Rapid | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dorsett, Sophia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P61

| | | | | | |
|--|-----|--|--|--|--|
| B. 20 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lacy, Eliza | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 56 | | | | |
| COUNTY | | CITY | | | |
| Natchitoches | | | | | |
| ENUMERATED WITH | | Sykes, William E | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 15106-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| X 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 42 | | 103 | 7 |
| COUNTY | | | CITY | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Frank | | S | 19 | | |
| Clara | | D | 18 | | |
| Emma | | D | 13 | | |
| Lillian | | D | 12 | | |
| Joseph | | S | 8 | | |
| James | | S | 7 | | |
| Bluffard | | S | 3 | | |

FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|-----|------------|-------|
| 5200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| a | | 27 | | 143 | 25 |
| COUNTY | | Vermillion | | CITY | |
| | | | | Greysden | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Anna | w | 22 | | |
| | Alice | d | 4 | | |
| | Azida | d | 3 | | |
| | Plamire | d | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|-------------------------------|-----|----------------------|--|----------|--|
| L222
COLOR 73 | | HEAD OF FAMILY
Louis Clign | | LOUISIANA
E.D. 28 | | SHEET 23 | |
| AGE 39 | | BIRTHPLACE | | | | | |
| COUNTY East Baton Rouge | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Marya | | W | 27 | | | | |
| James V. | | D | 7 | | | | |
| Hattie | | D | 3 | | | | |
| Cora L. | | D | 1/2 | | | | |
| and 1 boarder | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Form 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|-------|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTH PLACE | | E.D. | SHEET |
| B | 13 | ala | | 44 | 11 |
| COUNTY | | CITY | | | |
| East Carroll | | | | | |
| ENUMERATED WITH | | | | | |
| Lansy Robert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;">Li</div> </div> </div> | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&A-NC 10100-P01

| | | | |
|--|--|--|-------------------------------|
| NAME OF INDIVIDUAL
<i>Louise Eliza</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>16</i> | BIRTHPLACE | E.D. <i>38</i> SHEET <i>8</i> |
| COUNTY
<i>Calcasieu</i> | | CITY | |
| ENUMERATED WITH
<i>Louise, David</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 55 | | 103 | 17 |
| COUNTY | | | CITY | | |
| St Landry | | | Opelousas | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Samuel | | S | 21 | | |
| Mary | | DL | 21 | | |
| Raymond | | S | 12 | | |
| Bessie | | D | 20 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|--------------------|--|-----------|----------|
| / 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR B | | AGE 66 | | E.D. 2 | SHEET 17 |
| BIRTHPLACE | | | | | |
| COUNTY Ascension | | CITY | | | |
| ENUMERATED WITH | | | | | |
| Harris, John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input checked="" type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18190-P61

| | | | | | |
|-------------------------|-----|----------------|-----|---------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis E. Lige | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 32 | | | | |
| COUNTY | | St. Martin | | CITY | |
| | | | | Brazos Bridge | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Caffery | | S | 5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L200

LOUISIANA

| | | | |
|--|--|---|-------------|
| 2120
NAME OF INDIVIDUAL
<i>Louise Elizabeth</i> | | E.D.
79 | SHEET
19 |
| COLOR
13 | AGE
10 | BIRTHPLACE | |
| COUNTY
St. John the Baptist | | CITY | |
| ENUMERATED WITH
<i>Belmont Edgard</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
_____ | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|-----|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 52 | E.O. | 153 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Ala | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| West Feliciana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legs Marydne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> IMMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | |
|--|--|---|-----------------|-----------|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTH PLACE | E.D. | SHEET |
| B | | 5 | Lege, Elizabeth | 143 | 10 |
| COUNTY | | | CITY | | |
| Vermillion | | | Greysdan | | |
| ENUMERATED WITH | | | | | |
| Jackson, William | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 1910B-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| mu | | 16 | | 104 | 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Landry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis John | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS


USCENSUS-DC 1910B-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 8 | | 104 | 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | St. Landry | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis John | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. M. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|------------|---|----|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lacy, Elizabeth | | ED | | SHEET | |
| COLOR | B | AGE | 36 | BIRTHPLACE | |
| COUNTY | Assumption | | | CITY | |
| ENUMERATED WITH | | | | | |
| Lacy, Charles | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
 | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | | | |
|-------------------------|----------|----------------|---------------|------------------------|------------|------------|-----------|
| <i>L202</i> | | HEAD OF FAMILY | | <i>Leach Elizabeth</i> | | LOUISIANA | |
| COLOR | <i>W</i> | AGE | <i>67</i> | BIRTHPLACE | <i>Ala</i> | E.D. | SHEET |
| | | | | | | <i>702</i> | <i>14</i> |
| COUNTY | | | <i>Sabino</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| <i>1 Anne</i> | | <i>YS</i> | <i>22</i> | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| C200 | NAME OF INDIVIDUAL
<i>Louis Elizabeth</i> |
| COLOR
<i>W</i> | AGE
<i>48</i> |
| BIRTHPLACE | |
| COUNTY | CITY
<i>St. Charles</i> |
| ENUMERATED WITH
<i>Residence Rosemont</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input checked="" type="checkbox"/> NUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WMA TE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18193-P61

| | | | | | |
|-------------------------|-----------|-------------------|-----------|------------|--|
| <i>L. L. Locke</i> | | HEAD OF FAMILY | | LOUISIANA | |
| E.D. | | SHEET | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>B</i> | <i>66</i> | <i>Liberville</i> | | | |
| COUNTY | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Elizabeth</i> | | <i>D</i> | <i>30</i> | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|--|
| LOUISIANA | |
| NAME OF INDIVIDUAL
<i>Lewis, Elizabeth</i> | E.D. SHEET
<i>123 9</i> |
| COLOR
<i>N</i> | AGE
<i>80</i> |
| BIRTHPLACE
<i>Miss</i> | |
| COUNTY
<i>Texas</i> | CITY
<i>Saint Joseph</i> |
| ENUMERATED WITH
<i>Sadgass, Frank</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 16100-P61

| | | | | | |
|-------------------------|--------|----------------|------------|------------|------------|
| A200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| W | | 50 | | | 1006 |
| COUNTY | | | CITY | | |
| Sabine | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | James | H | 28 | | |
| | Jessie | D | 24 | | |
| | Maudie | D | 22 | | |
| | Carlie | D | 15 | | |
| | Valley | S | 10 | | |
| | | | | | |
| | | | | | |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lansay Elizabeth | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| M | 48 | | | | |
| COUNTY | | CITY | | | |
| Iberville | | Plaquemine | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Dolores Amelia | | D | 29 | | |
| James | | S-L | 39 | | |
| Killer Clara | | G-S | 16 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Louis Digibeth</i> | | 77 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>B</i> | <i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jefferson | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Harmon Thomas</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P-61

| | | | | | |
|---|---|--------------------|----|------------|---------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 26 | BIRTHPLACE | E.D. 71 |
| COUNTY | | Soto | | CITY | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input checked="" type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC&M-DC 18100-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| New | | 35 | | | 48 |
| COUNTY | | | SHEET | | |
| East Feliciana | | | 6 | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Easter | | Si | 18 | | |
| Myrtis | | vi | 3 | | |
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|-------------------------|--|----------------|------------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 65 | Ark | 59 | 8 |
| COUNTY | | | Caddo | | |
| | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Ella | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 13 | 10 | | | | |
| COUNTY | | Clai borne | | CITY | |
| ENUMERATED WITH | | | | | |
| Petty Elbert | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|--|----------|---|--|--|-------------|
| 6200 | | NAME OF INDIVIDUAL
<i>Lewis, Ella</i> | | LOUISIANA | |
| COLOR
B | AGE
2 | BIRTHPLACE | | E.D.
3 | SHEET
30 |
| COUNTY
Acadia | | CITY | | | |
| ENUMERATED WITH
<i>Melancar, Joseph</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMIGRANT
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>0</i> | |

FORM 10637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16190-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Louis, Ella</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>23</i> | BIRTHPLACE | | E.O.
<i>121</i> | SHEET
<i>13</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>St. Landry</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | <i>Eunice</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | <i>Bieber, Martin</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>to</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>to</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>to</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16199-P61

| | | | |
|---|------------------|-------------------|--------------------|
| NAME OF INDIVIDUAL
<i>Leon Lucche Ellis</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>18</i> | E.D.
<i>82</i> | SHEET
<i>33</i> |
| BIRTHPLACE | | | |
| COUNTY
<i>St. John the Baptist</i> | CITY | | |
| ENUMERATED WITH
<i>Melley Celsia</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <i>add</i> </div> </div> | | | |

FORM 16-437 (6-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16100-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lacy Ella | | | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTH PLACE | | 90 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| w | 55 | Ella | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Morehouse | | Bishop | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scogin J. I. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18185-P01

| | | | | | |
|--|--|--|--|------------|------------|
| 2200 | | NAME OF INDIVIDUAL
<i>Lewis, Ella B</i> | | E.D.
75 | SHEET
6 |
| COLOR
<i>B</i> | AGE
<i>6</i> | BIRTHPLACE | | | |
| COUNTY
<i>De Soto</i> | | CITY | | | |
| ENUMERATED WITH
<i>Lewis, Lizzie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------|--------------------------------|--|--|
| L-200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 12 | | 131 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Union | | | Farmerville | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rush, Cornelius | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>12ail</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 12ail | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 12ail | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 16106-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 57 | Miss | 128 | 16 |
| COUNTY | | | CITY | | |
| Tensas | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| + 16 | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|---------------------|-------------------------------------|------------|--------------------|
| <i>R200</i> | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR
<i>B</i> | | AGE
<i>41</i> | BIRTHPLACE
<i>Lewis, E. Tenn</i> | | E.D.
<i>129</i> |
| COUNTY
<i>Tensas</i> | | CITY
<i>Miss</i> | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Living alone</i> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|--|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 28 | | 112 | 15 |
| COUNTY | | BIRTHPLACE | | | |
| | | Tangipahoa | | CITY | |
| ENUMERATED WITH | | Lewis William J. | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

| | |
|--|--|
| LOUISIANA | |
| L206 | NAME OF INDIVIDUAL <i>Lewis Ellen</i> |
| E.D. 68 | SHEET 3 |
| COLOR <i>B</i> | AGE 20 |
| BIRTHPLACE | |
| COUNTY <i>Lincoln</i> | CITY |
| ENUMERATED WITH <i>Lewis Cornelius</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Ellen | | | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 60 | Caddo | | | |
| COUNTY | | Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Stella | | d | 25 | | |
| / Murry | | s | 20 | | |
| Redrock Mousie R | | g s | 12 | | |
| Taylor Melvin | | g s | 10 | | |
| / Mary C | | g d | 6 | | |
| / Lavinia | | g d | 3 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 6 | | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis Allen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2200 | Lewis, Ellen | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Concordia | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hockins, Elond | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16108-P61

| | | | | | |
|-------------------------|-----|----------------|--------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Leona Ellen | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| 13 | 49 | | | | |
| COUNTY | | St. Mary | CITY | | |
| | | | Morgan | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | 13 | 56 | | |
| Harkins, Herbert | | C | 17 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Larue Ellen</i> |
| E.D.
79 | SHEET
2 |
| COLOR
D | AGE
13 |
| BIRTHPLACE | |
| COUNTY
St. John the Baptist | CITY |
| ENUMERATED WITH
<i>Wilson Andy</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Sp</i> | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 1910-751

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|-------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>L 200</i> | NAME OF INDIVIDUAL
<i>Lewis Ellis</i> | | E.D.
<i>25</i> | SHEET
<i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>11</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis Harman</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P-51

| | | | | | |
|-------------------------|-----|----------------|----------------|------------|--|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lude Ellis | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 25 | | | | |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 28 | | |
| Russell | | S | 5 | | |
| Willard | | S | 2 | | |
| Hazel | | D | 1 | | |
| Dalego | | D | $\frac{2}{12}$ | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|------------------|--------------|-------|
| L200 | HEAD OF FAMILY | E.D. | SHEET |
| | Kenneth E. Ellis | 71 | 24 |
| COLOR | AGE | BIRTHPLACE | |
| White | 27 | | |
| COUNTY | St. James | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE |
| 1 | Elizabeth | W | 28 |
| 1 | Essie | D | 10 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| E.O. | | SHEET | | | |
| 58 | | 8 | | | |
| COLOR | W | AGE | 40 | BIRTHPLACE | |
| COUNTY | | St. Bernard | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | | | |
| Elder | | W | 32 | | |
| Alvin | | S | 15 | | |
| Harry | | S | 12 | | |
| Fedor | | S | 10 | | |
| Jacinta | | D | 8 | | |
| Jasanta | | D | 6 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| L. E. Elmer | | 142 | 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | Vermillion | | CITY | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Willie Williams Jr | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMASTE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMASTE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMASTE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-1-1

| | |
|---|---|
| LOUISIANA | |
| 2200 | NAME OF INDIVIDUAL Lewis Elmer |
| E.D. 118 | SHEET 11 |
| COLOR B | AGE 15 BIRTHPLACE |
| COUNTY Webster | CITY |
| ENUMERATED WITH Brown Ann | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIFE
<input type="checkbox"/> HUSBAND
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L-200 | NAME OF INDIVIDUAL
<i>Lewis Elmira</i> | | E.D.
<i>144</i> | SHEET
<i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>22</i> | BIRTHPLACE
<i>Miss.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>West Carroll</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis Mack</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)
<i>Si</i></td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Si</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)
<i>Si</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 15-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | LOUISIANA | |
|-------------------------|----------------|--------------|-------|
| X200 | HEAD OF FAMILY | E.D. | SHEET |
| | Louis Elmo | 23 | 5 |
| COLOR | AGE | BIRTHPLACE | |
| B | 23 | | |
| COUNTY | Avoyelles | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| / Florence | | sw | 16 |
| / Elva | | D | 1/2 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|---|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Pro Locke Elmer</i> | | E.O.
<i>11</i> | SHEET
<i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>2</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Isabelle Robinson Polly</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (<i>Specify</i>)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (<i>Specify</i>) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (<i>Specify</i>) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 16166-P61

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lewis, Elmo | | 95 | 4 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 21 | | | |
| COUNTY | | CITY | | |
| Morehouse | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Elvina | | W | 24 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-436 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|---|--|--|------------------|--------------------|
| 1200 | NAME OF INDIVIDUAL
<i>Lewis, Edna</i> | | E.D.
<i>2</i> | SHEET
<i>11</i> |
| COLOR
<i>B</i> | AGE
<i>3</i> | BIRTHPLACE | | |
| COUNTY
<i>Ascension</i> | | CITY | | |
| ENUMERATED WITH
<i>Leven, Cezar</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15155-P81

LOUISIANA

| | | | | | |
|--|---|--|--|------------|-------------|
| L 200 | | NAME OF INDIVIDUAL
Lees Elora | | E.D.
29 | SHEET
13 |
| COLOR
B | AGE
9 1/2 | BIRTHPLACE | | | |
| COUNTY
East Baton Rouge | | CITY | | | |
| ENUMERATED WITH
Scott Mars | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19199-P61

| | |
|---|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
Lewis Elvora |
| E.O.
78 | SHEET
1 |
| COLOR
B | AGE
25 |
| BIRTHPLACE | |
| COUNTY
Natchitoches | CITY |
| ENUMERATED WITH
Lewis Jacob | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVI

USCOMM-DC 18199-P61

LOUISIANA

| | | | | | |
|---|--|---|--|--------------------|--------------------|
| L-200 | | NAME OF INDIVIDUAL
<i>Lewis, Clara</i> | | E.D.
<i>116</i> | SHEET
<i>11</i> |
| COLOR
<i>B</i> | AGE
<i>10</i> | BIRTHPLACE | | | |
| COUNTY
<i>Webster</i> | | CITY | | | |
| ENUMERATED WITH
<i>Hutchinson, Jan H</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ad</i> | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-637 (4-29-67)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1910-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|----------------|--|-----------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2000 <i>Lock Clous</i> | | NAME OF INDIVIDUAL | | E.D. <i>37</i> | | SHEET <i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>W</i> | AGE <i>12</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY <i>Calcasieu</i> | | CITY <i>Lake Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Miller Milada</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (<i>Child</i>)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (<i>Child</i>) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (<i>Child</i>) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------|---------|----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL <i>Lewis, Elsi</i> | | E.O. 75 | SHEET 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>B</i> | AGE <i>55</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY <i>Lincoln</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Edwards, Pete J.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>HM</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>HM</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>HM</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15100-P61

| | | | | LOUISIANA | |
|-------------------------|----------------|--------------|------|------------|-------|
| L 200 | HEAD OF FAMILY | | | E.D. | SHEET |
| | Lewis Cleora | | | 13 | 14 |
| COLOR | AGE | BIRTHPLACE | | | |
| 13 | 28 | | | | |
| COUNTY | | Catahoula | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Stephen Talldoma | | D | 11 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L700 | NAME OF INDIVIDUAL
<i>Lewis Elmer</i> | | E.O.
<i>71</i> | SHEET
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>6</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lincoln</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis Elmer L.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 18-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18164-P61

| | | | |
|-----------------------------|--|------------|----------------|
| | | LOUISIANA | |
| 2200 | HEAD OF FAMILY
<i>Lewis, Elvina</i> | | E.D. 6 SHEET 6 |
| COLOR
<i>B</i> | AGE
<i>17</i> | BIRTHPLACE | |
| COUNTY
<i>Assumption</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Living alone</i> | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|--|--|---|-------------|
| 2200 | | NAME OF INDIVIDUAL
<i>Lacy Elving</i> | | E.D.
85 | SHEET
11 |
| COLOR
<i>B</i> | AGE
<i>40</i> | BIRTHPLACE | | | |
| COUNTY
<i>Rapides</i> | | CITY | | | |
| ENUMERATED WITH
<i>Johnson William</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input checked="" type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1910-P61

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL <i>Legi Elvis</i> |
| E.D. 136 | SHEET 26 |
| COLOR <i>W</i> | AGE <i>73</i> |
| BIRTHPLACE | |
| COUNTY <i>Vermillion</i> | CITY <i>Abbeville</i> |
| ENUMERATED WITH <i>Pupen Felix</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S</i> | |

FORM 18-637 (4-28-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18188-P61

| | | LOUISIANA | |
|-------------------------|----------------|--------------|----------|
| 202 | HEAD OF FAMILY | E.D. | SHEET |
| | Richard Elgar | 78 | 3 |
| COLOR | AGE | BIRTHPLACE | |
| W | 50 | | |
| COUNTY | Pointe Coupee | CITY | Morganza |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE |
| | Emma | W | 74 |
| | Eliza | S | 21 |
| | Beulah | D | 19 |
| | Leona | S | 17 |
| | Anna | S | 15 |
| | Marion | S | 7 |
| | Marguerite | D | 7 |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|-----|------------|
| Clement | S | 5 | |
| Edward | S | 4 | |
| Joseph | B | 47 | |
| Brig. Clement | FT | 72 | |
| +1 Se | | | |
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FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

LOUISIANA

| | | | | | | | |
|-------------------------|----------|----------------|-----------|---------------------|-----------|------------|----------|
| <i>Lee</i> | | HEAD OF FAMILY | | <i>Louis E. Lee</i> | | E.D. | SHEET |
| | | | | | | <i>84</i> | <i>7</i> |
| COLOR | <i>B</i> | AGE | <i>50</i> | BIRTHPLACE | | | |
| | | | | <i>Ala.</i> | | | |
| COUNTY | | | | <i>Madison</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Lavinia</i> | | | | <i>W</i> | <i>44</i> | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L 200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lewis, Emanuel | | 27 | 19 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 60 | | | | |
| COUNTY | | | CITY | | |
| Caddo | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| ✓ 1 Catherine | | W | 40 | No. Car. | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| L200 Louis, Emeline | | 81 | 7 |
| COLOR | AGE | BIRTHPLACE | |
| B | 41 | Ala | |
| COUNTY | CITY | | |
| Madison | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Alex, George | S | 12 | Mass |
| Lape, Sullivan | S | 12 | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|------------------|-------------------|---------------------------------|
| <i>200</i> | HEAD OF FAMILY | <i>Lewisinery</i> | E.D. <i>109</i> SHEET <i>17</i> |
| COLOR
<i>B</i> | AGE
<i>28</i> | BIRTHPLACE | |
| COUNTY | | CITY | |
| St. Landry | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| | | | |
| <i>Mary</i> | | <i>W</i> | <i>28</i> |
| <i>Louis</i> | | <i>S</i> | <i>7</i> |
| <i>Carlton</i> | | <i>S</i> | <i>6</i> |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|--|---|------|--------------------|--------------------|
| L-200 | | NAME OF INDIVIDUAL
<i>Lewis Essie</i> | | E.D.
<i>118</i> | SHEET
<i>19</i> |
| COLOR
<i>B</i> | AGE
<i>12</i> | BIRTHPLACE | | | |
| COUNTY
<i>Webster</i> | | | CITY | | |
| ENUMERATED WITH
<i>Harris Dave</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

U.S. GOVERNMENT PRINTING OFFICE

| | | LOUISIANA | |
|-------------------------|----------------------------------|--------------|---------------------|
| C200 | HEAD OF FAMILY <i>Luchi Emil</i> | | E.D. 66
SHEET 21 |
| COLOR <i>W</i> | AGE <i>26</i> | BIRTHPLACE | |
| COUNTY <i>St. James</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>Estelle</i> | | <i>W</i> | <i>27</i> |
| <i>Earl</i> | | <i>S</i> | <i>3</i> |
| <i>Roland</i> | | <i>S</i> | <i>1 1/2</i> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|----------------|--------------|-----|------------|-------|
| 7200 | HEAD OF FAMILY | | | E.D. | SHEET |
| | Louis Emile | | | 132 | 48 |
| COLOR | AGE | BIRTHPLACE | | | |
| mu | 30 | | | | |
| COUNTY | St. Martin | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Tobias | | w | 31 | | |
| Lynnette | | d | 5 | | |
| Louise | | d | 3 | | |
| Maybel | | d | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| L 900 | | NAME OF INDIVIDUAL <i>Louis, Emile</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.D. 70 | | SHEET 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>W</i> | AGE <i>92</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY <i>Livingston</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Louis John S</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMM-DC 18199-P61

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|------|------------|
| L200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lariba Enrie | | 65 | 3 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 55 | | | |
| COUNTY | St. James | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Adela | W | 29 | |
| | Adelle | V | 24 | |
| | Eustak | S | 32 | |
| | Matt | SD | 30 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|--------------|-----------------|
| 7200 | HEAD OF FAMILY | Lewis Emily | E.D. 83 SHEET 4 |
| COLOR 13 | AGE 49 | BIRTHPLACE | |
| COUNTY St. Mary | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| | NAME | RELATIONSHIP | AGE BIRTHPLACE |
| | Todfrey | C | 17 |
| | Aggie | D | 15 |
| | Betty | S | 12 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRODUCT OF

Hamington Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
BRANDED EVERYWHERE

Soundex
QUICK AS
A FLASH

KEY LETTER CHART

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

| | | | | | |
|--|---|--|---|--|--|
| X200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 9 | BIRTHPLACE | |
| COUNTY | | ST Landry | | CITY | |
| ENUMERATED WITH | | | | | |
| Pett Frank | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-OC 15105-P61

| | | | | | |
|--|-----|--|------|--|--|
| 1-200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| B | 9 | | III | 9 | |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Petto, Frank | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 18190-P61

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L-200 | | NAME OF INDIVIDUAL
<i>Lewis Emma</i> | | LOUISIANA | |
| COLOR
<i>Mix</i> | AGE
<i>17</i> | BIRTHPLACE | | E.O.
<i>3</i> | SHEET
<i>13</i> |
| COUNTY | | CITY
<i>Bionville</i> | | | |
| ENUMERATED WITH
<i>Lewis Napoleon B</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Mix in Law</i> | |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | |
|--|---|---|-------|
| LOUISIANA
NAME OF INDIVIDUAL <i>Lea Sewer, Emma</i> | | E.D. | SHEET |
| COLOR <i>B</i> | AGE <i>15</i> | BIRTHPLACE | |
| COUNTY | | CITY | |
| ENUMERATED WITH
<i>Underwood, Andrew</i> | | RELATIONSHIP TO ABOVE
1 | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>S-P</i> | |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18198-P61

| | | | | | |
|--|--|--|-----------------|--|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| Mrs | | 23 | | 23 | 6 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH | | | Clai Hone | | |
| RELATIONSHIP TO ABOVE | | | Dennis Henry L. | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input checked="" type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| | | | | | |
|--|-----|---|--|---|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Luke Emma | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 5 | | | | |
| COUNTY | | CITY | | | |
| Caddo | | | | | |
| ENUMERATED WITH | | | | | |
| mock add | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Lodger | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

| | | | | | |
|-------------------------|------------------|----------------|------|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis, Emma | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| Mu | 29 | | | | |
| COUNTY | East Baton Rouge | | CITY | | |
| | | Baton Rouge | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Green, Joshua J. | | B | 26 | | |
| Lubert | | S-2 | 22 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| EDD
<i>L260</i> | NAME OF INDIVIDUAL
<i>Lewis Emma</i> |
| E.O.
<i>68</i> | SHEET
<i>3</i> |
| COLOR
<i>B</i> | AGE
<i>2</i> |
| BIRTHPLACE | |
| COUNTY
<i>Lincoln</i> | CITY |
| ENUMERATED WITH
<i>Lewis Cornelius</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMA-DC 1910-P01

| | |
|--|---|
| LOUISIANA | |
| L210 | NAME OF INDIVIDUAL
<i>Lewis, Emma</i> |
| E.D.
79 | SHEET
16 |
| COLOR
13 | AGE
23 |
| BIRTHPLACE | |
| COUNTY
Natchitoches | CITY |
| ENUMERATED WITH
<i>Baker, Frank Jr.</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15105-P61

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lousis Emma | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 77 | | | | |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|---|--|---|--|--|--|-------|--|
| 9900
COLOR | | NAME OF INDIVIDUAL
Lewis, Emma | | LOUISIANA
E.D. | | SHEET | |
| 13
AGE | | 18
BIRTHPLACE | | 56 | | 28 | |
| COUNTY
Plaquemines | | | | CITY | | | |
| ENUMERATED WITH
Green, Mrs. Josephine | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

| | | | | | |
|--|--|--|--|--|-------------|
| Louis
COLOR B | | NAME OF INDIVIDUAL
Lewis, Emma | | E.O.
83 | SHEET
27 |
| AGE
22 | | BIRTHPLACE | | | |
| COUNTY
Rapides | | CITY | | | |
| ENUMERATED WITH
Kennedy, Johnson | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18106-P01

| | | | | | |
|--|---|---|--------|---|-----|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 18 | E.D. | 102 |
| | | BIRTHPLACE | | SHEET | 16 |
| COUNTY | | | Sabine | CITY | |
| ENUMERATED WITH | | | | | |
| Tucker Lou | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15195-P61

| | | | | | |
|--|-----------|---|--|---|-------|
| <i>R 202</i> | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | <i>Louis Cornett</i> | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>W</i> | <i>21</i> | | | | |
| COUNTY | | CITY | | | |
| | | <i>Tangipahoa</i> | | | |
| ENUMERATED WITH | | | | | |
| <i>Winger, William P.</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2202 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lurea Emmett | | E.D. | | 10/14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | B | AGE | 32 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Sabine | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gay Steve | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 18108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louis | | Emadery | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. Martin | | St. Martinsville | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cazimire George | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>G C I</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | G C I | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | G C I | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-NC 10190-P61

| | | | | | |
|--|---|--|------|--|----|
| 6200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 20 | E.D. | 50 |
| | | BIRTHPLACE | | SHEET 4 | |
| COUNTY | | | CITY | | |
| Iberville | | | | | |
| ENUMERATED WITH | | | | | |
| Blanchard, Philip | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16196-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| B | | 40 | | 130 | 26 |
| COUNTY | | | CITY | | |
| St. Martin | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Sidonia | | w | 39 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Leck Ennis | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 49 | La | | | |
| COUNTY | | | CITY | | |
| De Soto | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 19 | | |
| Betty | | D | 1 1/2 | | |
| Ann | | S | 9 1/2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | Ennogene | | E.D. | SHEET |
| COLOR | B | AGE | 42 | 152 | 7 |
| COUNTY | | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Madam | W | 40 | | |
| | Annoise | D | 17 | | |
| | Gervia | S | 14 | | |
| | Alma | D | 13 | | |
| | Curley | S | 10 | | |
| | Ellant | D | 8 | | |
| | Leola | D | 5 | | |

FORM 30-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

Lewis Ennogene

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------------------|-------------------|--------------|------------|
| <i>/ Edmiria</i> | <i>D</i> | <i>3</i> | |
| <i>Ara</i> | <i>D</i> | <i>8 1/2</i> | |
| | | | |
| | | | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P-61

| | | | | | |
|-------------------------|-----|----------------|-------|------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Enoch | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 31 | | | | |
| COUNTY | | | CITY | | |
| Plaquemines | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Rose | | W | 31 | | |
| Julma | | D | 5 | | |
| George | | S | 4 | | |
| Enoch | | S | 10/12 | | |
| Jacob | | B | 36 | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| O | | 20 | | 79 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lincoln | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Houston Melind | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>S</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Luica Envesan</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>25</i> | BIRTHPLACE
<i>Mexico</i> | | E.O.
<i>39</i> | SHEET
<i>32</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Calcasieu</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Carolina Alena</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|-------------------|--|------------|--|
| L200 | | HEAD OF FAMILY | | Louis, Ephson Jr. | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| B | | 38 | | | | 69 | |
| COUNTY | | St. James | | CITY | | SHEET | |
| | | | | | | 23 | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| Mary | | w | | 24 | | | |
| Beatrice | | d | | 12 | | | |
| Marietta | | d | | 10 | | | |
| Harine | | d | | 9 | | | |
| Ephson | | s | | 5 | | | |
| Ernest | | s | | 3 | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 38 | Leger Eras | 66 | 30 |
| COUNTY | | | CITY | | |
| Lafayette | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Adela | | W | 34 | | |
| Corinna | | D | 14 | | |
| Emma | | D | 12 | | |
| Arthur | | S | 10 | | |
| Leimar | | S | 8 | | |
| Luc | | S | 7 | | |
| Edna | | D | 2 | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

RELATIONSHIP

AGE

BIRTHPLACE

Edna

5

12

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 12100-P01

| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--|----------------|------------|------------|-------|
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 40 | | 72 | 2 |
| COUNTY | | | CITY | | |
| Lafayette | | | Broussard | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Syvane | | W | 38 | | |
| Ebia | | D | 21 | | |
| Mydia | | D | 17 | | |
| Lucille | | G-C1 | 3 | | |
| Aurelia | | G-C1 | 3 | | |
| Licina | | G-C1 | 3 | | |
| Domingue | | S-L | 22 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 2 | | | 16 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clai borne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presley Jim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18160-P-61

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| 2200 | NAME OF INDIVIDUAL
<i>Lewis Ernest</i> | | R.D.
<i>11</i> | SHEET
<i>21</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>22</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Vermillion</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Father Christopher</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>H M</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>H M</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>H M</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P07

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
Lewis Ernest | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
O | AGE
7 | BIRTHPLACE
Tex | | E.D.
62 | SHEET
9 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Do Solc | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Lewis Taylor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. | SHEET |
| Mu | 40 | Louis, Ernest | | 110 | 32 |
| COUNTY | | CITY | | | |
| Terrebonne | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Lessa | W | 38 | | | |
| Ernest Jr | S | 13 | | | |
| Eva | D | 11 | | | |
| Ellen | D | 9 | | | |
| Conely | S | 7 | | | |
| Albert | S | 6 | | | |
| Alice | D | 4 | | | |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

L 200 *Lias* LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|----------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| <i>(R 75)</i> | | NAME OF INDIVIDUAL <i>Lias Ernest</i> | | E.O. <i>89</i> | SHEET <i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>B</i> | AGE <i>20</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Morehouse</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Lias Frank</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SS</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18199-P41

| | | | | | |
|-------------------------|--|----------------|-----|------------|---------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR B | | AGE 33 | | E.D. 5 | SHEET 5 |
| | | BIRTHPLACE | | | |
| COUNTY | | Assumption | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Cultivate | | W | 21 | | |
| and 1 boarder | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 7206 | | HEAD OF FAMILY | | LOUISIANA | |
| Jennie Ernest | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 31 | Louis | | | |
| COUNTY | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | w | 28 | | |
| Joseph | | s | 9 | | |
| Rosa | | d | 6 | | |
| Mellie | | d | 4 | | |
| Alberta | | d | 2 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-30-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|---|---|------------|--------------------|
| | | LOUISIANA | |
| 8200 | NAME OF INDIVIDUAL
<i>Lucky Ernest</i> | | E.D.
<i>116</i> |
| COLOR
<i>W</i> | AGE
<i>27</i> | BIRTHPLACE | |
| COUNTY
<i>St. Landry</i> | | CITY | |
| ENUMERATED WITH
<i>Squires William</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input checked="" type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-81

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL
<i>Leone Ernest</i> | | E.O.
<i>103</i> | SHEET
<i>23</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>5</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY
<i>Opelousas</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Moore Adam</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SS</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19199-P61

| | | | | | |
|--|------------------|---|--|--|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis Ernest</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>15</i> | BIRTHPLACE | | E.D.
<i>13</i> | SHEET
<i>19</i> |
| COUNTY
<i>Ascension</i> | | CITY | | | |
| ENUMERATED WITH
<i>West Dudley</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Orphan</i> | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16199-P61

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------------|------------|
| COLOR | AGE | BIRTHPLACE | SHEET |
| 1200 | 26 | St. John the Baptist | 32 |
| COUNTY | | | |
| CITY | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Anna | W | 39 | |
| Sammy | S | 10 | |
| Joseph | S | 9 | |
| Esther | D | 7 | |
| Clarke | D | 5 | |
| Ernest Elizabeth | M L | 50 | |
| Constance | S L | 23 | |

FORM 18-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15198-P41

| | | | | | |
|-------------------------|----------------------|----------------|------|------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lass Ernest | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| 3 | 28 | | | | |
| COUNTY | St. John the Baptist | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Elizabeth | | W | 27 | | |
| Eion | | S | 8 | | |
| Ernest Jr. | | S | 6 | | |
| L. L. L. | | D | 4 | | |
| Murelia | | D | 2 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| W | 29 | | | 10 | 20 |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Armantine | | W | 27 | | |
| Leontine | | D | 10 | | |
| Leonce | | S | 8 | | |
| Leona | | S | 4 | | |
| Henry | | S | 1 | | |
| | | | | | |
| | | | | | |

FORM 10-626 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|--------------------|---|------------|------------------|
| P 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 2 | BIRTHPLACE | E.D. 57 SHEET 24 |
| COUNTY | | Therrell | | CITY | |
| ENUMERATED WITH Jones, Ellis | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHER
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify)
 <div style="text-align: center;">B</div> </div> </div> | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|-----------|----------------|------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 45 | | 56 | 6 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Plaquemines | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Eva | W | 40 | | |
| | Henderson | s | 17 | | |
| | Estelle | d | 13 | | |
| | Eveline | d | 11 | | |
| | Edna | d | 8 | | |
| | Rogers | s | 6 | | |
| | Matilda | d | 4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 1200 | NAME OF INDIVIDUAL
<i>Lewis Estell</i> | | E.D.
<i>110</i> | SHEET
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>22</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Sabine</i> | | CITY
<i>Zwolle</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis Sargent</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| 2200 | | NAME OF INDIVIDUAL
<i>Lucy Estell</i> | | E.D.
<i>85</i> | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>13</i> | AGE
<i>11</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Rapides</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Johnson William</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (6-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19100-P61

| | | | | | |
|--|------------------|---|------|--|-------------------|
| 2200 | | NAME OF INDIVIDUAL
<i>Lewis Estelle</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>15</i> | BIRTHPLACE | | E.O.
<i>78</i> | SHEET
<i>1</i> |
| COUNTY
<i>Caddo</i> | | | CITY | | |
| ENUMERATED WITH
<i>Riley James</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SB</i> | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18134-P-61

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>L200</i> | NAME OF INDIVIDUAL
<i>Laiche Costel</i> | | E.O.
<i>67</i> | SHEET
<i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>58</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. James</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Laiche Wilfred</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL <i>Lewis Ester</i> |
| COLOR <i>B</i> | AGE <i>15</i> BIRTHPLACE <i>St. Landry</i> |
| COUNTY | CITY <i>Opelousas</i> |
| ENUMERATED WITH | <i>Rosa David</i> |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P01

| | |
|--|---|
| LOUISIANA | |
| 200 | NAME OF INDIVIDUAL
Leach Ethel |
| E.O.
133 | SHEET
12 |
| COLOR
W | AGE
6 |
| BIRTHPLACE
Ky | |
| COUNTY
Winn | CITY |
| ENUMERATED WITH
Haily Linnel H | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S L | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 13 | | 119 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Webster | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Norman Wash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| see child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16106-P01

| | | | | | |
|---|------------------|---|--|---|-------------------|
| <i>L202</i> | | NAME OF INDIVIDUAL
<i>Lewis, Ethel</i> | | E.O.
<i>55</i> | SHEET
<i>7</i> |
| COLOR
<i>B</i> | AGE
<i>12</i> | BIRTHPLACE | | | |
| COUNTY
<i>Plaquemines</i> | | CITY | | | |
| ENUMERATED WITH
<i>Murray, John</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P-61

| | |
|---|---|
| LOUISIANA | |
| L 200 | NAME OF INDIVIDUAL
<i>Laurin, Echel</i> |
| COLOR
<i>B</i> | E.D.
<i>119</i> |
| AGE
<i>19</i> | SHEET
<i>14</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| <i>11 Tangipahoa</i> | <i>Hammond</i> |
| ENUMERATED WITH
<i>Ellie, Courtney</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-11)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lewis, Ethel</i> | | E.D.
75 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
6 | SHEET
4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| J. James | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Joseph, Mary Ann</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (10-20-91)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 1910-P61

| | | | | | |
|-------------------------|----------|----------------|-----|------------|--|
| 6204 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis, Etine | | E.D. | | SHEET | |
| COLOR | 6 | AGE | 41 | BIRTHPLACE | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Victoria | W | 40 | | |
| | Lawson | S | 20 | | |
| | Sam | S | 18 | | |
| | Willie | S | 17 | | |
| | Isabel | D | 15 | | |
| | Alice | D | 14 | | |
| | Ammon | S | 12 | | |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Hendon | S | 10 | |
| Lillian | D | 8 | |
| Lillis | D | 6 | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18168-P61

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lewis, Etuas</i> | | E.D.
117 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
10 | SHEET
15 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Donna Simon</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SS</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVID

USCOMM-DC 16106-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Leche Etienne | | E.D. | | SHEET | |
| 10 | | 26 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 58 | | | | |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Annie | | W | 52 | | |
| Adam | | S | 23 | | |
| Etienne | | S | 19 | | |
| Olympe | | D | 17 | | |
| Emma | | D | 15 | | |
| Oline | | D | 13 | | |
| Mary | | D | 11 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-----|------------|
| 1 Anna | D | 9 | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
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FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 45 | | 80 | 1 |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Francis | | W | 40 | | |
| Antoine | | S | 19 | | |
| Eugene | | S | 15 | | |
| Placide | | S | 12 | | |
| Anita | | D | 10 | | |
| Arrestina | | D | 4 | | |
| Cresci Placide Mary | | G.S. | 6 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|-----|------------|
| Araci Eddie | GS | 8 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Levee, Eugene</i> | | E.D.
<i>114</i> | SHEET
<i>5</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>21</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Landry</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Daskotels, Jean B.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | |
|--|---|---|-------|
| | | LOUISIANA | |
| L200 | NAME OF INDIVIDUAL | E.D. | SHEET |
| COLOR B | AGE 20 | 4 | 11 |
| BIRTHPLACE | | | |
| COUNTY | Acadia | CITY | |
| ENUMERATED WITH | | | |
| Suzette Ignace | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 42 | | 4 | 9 |
| BIRTHPLACE | | Acadia | | CITY | |
| COUNTY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Susan | | w | 38 | | |
| Lloyd | | s | 15 | | |
| Feliciana | | s | 12 | | |
| Jacques | | s | 10 | | |
| Rebilla | | d | 7 | | |
| Odilia | | d | 6 | | |
| Frederic | | s | 4 | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------------|-------------------|-----|------------|
| 1 Joseph | s | 2 | |
| Lucien | s | 5 | |
| Harrison Lewis | s s | 19 | |
| | | | |
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FORM 10-536a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

115COMMA-DC 16198-P61

| | | | | | | | |
|-------------------------|----------|----------------|-----------|---------------------|--|-----------|--|
| <i>Leon</i> | | HEAD OF FAMILY | | <i>Lock, Eugene</i> | | LOUISIANA | |
| COLOR | <i>B</i> | AGE | <i>35</i> | BIRTHPLACE | | | |
| COUNTY | | <i>Assyria</i> | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| <i>Lizzie</i> | | <i>W</i> | <i>26</i> | | | | |
| <i>Jason, Clayton</i> | | <i>Sd</i> | <i>10</i> | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 40 | Ala | 44 | 6 |
| COUNTY | | | CITY | | |
| East Carroll | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lucy | | W | 35 | Miss | |
| 5 1 Basader | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|---|-------------|---|----|
| 5200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 22 | E.O. | 89 |
| | | BIRTH PLACE | Lian Eugene | | |
| COUNTY | | CITY | | SHEET | |
| | | Morehouse | | 7 | |
| ENUMERATED WITH | | | | | |
| Salie Frank | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SS | |

FORM 10-57 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 45 | | 121 | 15 |
| COUNTY | | | CITY | | |
| St. Landry | | | Rumice | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Odilia | | w | 45 | | |
| Adolf | | s | 21 | | |
| Adeline | | d | 21 | | |
| Ned | | s | 20 | | |
| Adrian | | s | 18 | | |
| Ida | | d | 14 | | |
| Esa | | d | 12 | | |

POP 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------------|-------------------|-----------|------------|
| <i>Lincoln</i> | <i>S</i> | <i>11</i> | |
| <i>Sutton</i> | <i>S</i> | <i>10</i> | |
| <i>Alecia</i> | <i>S</i> | <i>8</i> | |
| <i>Wilton</i> | <i>S</i> | <i>6</i> | |
| <i>Marion</i> | <i>S</i> | <i>4</i> | |
| <i>Eddy</i> | <i>S</i> | <i>2</i> | |
| | | | |
| | | | |
| | | | |

FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18188-P61

L 200

LOUISIANA

| | | |
|--|-------------------|-------------------|
| HEAD OF FAMILY
<i>Leaves Eugene</i> | E.D.
<i>28</i> | SHEET
<i>4</i> |
| COLOR
<i>B</i> | AGE
<i>35</i> | BIRTHPLACE |
| COUNTY
<i>East Baton Rouge</i> | CITY | |
| OTHER MEMBERS OF FAMILY | | |
| NAME | RELATIONSHIP | AGE |
| <i>1</i> | <i>W</i> | <i>29</i> |
| <i>Matthew</i> | <i>8 D</i> | <i>23</i> |
| <i>Brown</i> | <i>8 D</i> | <i>22</i> |
| <i>Matthew</i> | <i>8 D</i> | <i>20</i> |
| <i>Willie</i> | <i>8 D</i> | <i>12</i> |
| <i>Louis</i> | <i>8 D</i> | <i>6</i> |
| <i>Richard</i> | <i>8 D</i> | <i>5</i> |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| Last | | NAME OF INDIVIDUAL | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| Lars | | Louis Eugene | | 106 | 21 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ouachita | | West. Monroe | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louis Lucinda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18100-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|------------|-------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 7200 | | NAME OF INDIVIDUAL
<i>Lieut Eugene F</i> | | E.D.
84 | SHEET
23 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
30 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Pointe Coupee</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lieut Julian F</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P-61

[illegible]

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|--------------|----------------|
| L200 | HEAD OF FAMILY | | E.D. SHEET |
| | Lege Eugenia | | 46 35 |
| COLOR | AGE | BIRTHPLACE | |
| W | 48 | | |
| COUNTY | Lafayette | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE BIRTHPLACE |
| Emma | | W | 44 |
| Anna | | D | 12 |
| Jimmy | | S | 13 |
| Joseph | | S | 11 |
| Ara | | S | 4 |
| Neville Davis | | FL | 73 |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Louis Eugene</i> |
| E.D.
76 | SHEET
14 |
| COLOR
<i>Man</i> | AGE
<i>18</i> |
| BIRTHPLACE | |
| COUNTY
<i>St. James</i> | CITY |
| ENUMERATED WITH
<i>Louis Eugene</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIDOW
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16190-P01

LOUISIANA

| | | | | | |
|--|---|--|--|--------------------|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Leve Eugene</i> | | E.O.
<i>138</i> | SHEET
<i>14</i> |
| COLOR
<i>W</i> | AGE
<i>31</i> | BIRTHPLACE | | | |
| COUNTY
<i>Vermillion</i> | | CITY | | | |
| ENUMERATED WITH
<i>Hardy Albert</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 18-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| L. Lasse Eugene | | 84 | 8 |
| COLOR | AGE | BIRTHPLACE | |
| White | 56 | | |
| COUNTY | CITY | | |
| Pointe Coupee | New Roads | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Louise alone | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------------|--------------------------------------|-----------------------------|-------------------|--------------------|
| L 200 | HEAD OF FAMILY
<i>Luke Eugene</i> | | E.D.
<i>80</i> | SHEET
<i>17</i> |
| COLOR
<i>B</i> | AGE
<i>34</i> | BIRTHPLACE | | |
| COUNTY
<i>Natchitoches</i> | | CITY
<i>Natchitoches</i> | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Ellen</i> | | <i>w</i> | <i>28</i> | |
| <i>Haimy</i> | | <i>S</i> | <i>6</i> | |
| <i>Benjaminine Calline</i> | | <i>m</i> | <i>49</i> | <i>L.C.</i> |
| | | | | |
| | | | | |
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| | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L200 | HEAD OF FAMILY | | E.D. SHEET |
| | Lewis Lulab | | 39 12 |
| COLOR | AGE | BIRTHPLACE | |
| B | 24 | | |
| COUNTY | East Carroll | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Henry Jr | Head | 29 | Miss |
| Henry Jr | S | 4 | |
| Betty L. | D | 3 | |
| John B. | S | 8/12 | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|--------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 30 | | 27 | 33 |
| BIRTHPLACE | | | | | |
| COUNTY | | Jefferson | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Hannah | | W | 22 | | |
| Rebecca | | D | 3 | | |
| Eulick, Jr. | | S | 15 1/2 | | |
| Winie, Willie | | BL | 19 | | |
| William, Nellina | | SIL | 16 | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|--------------------|--|-----------|--|
| X 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| LOWES Eunice | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 14 | | | | |
| COUNTY | | CITY | | | |
| Lafourche | | | | | |
| ENUMERATED WITH | | | | | |
| Kleinigetter A. E. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
Cousin | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16106-P61

| | | | | | | | |
|-------------------------|--|----------------|--|----------------|--|------------|--|
| 9200 | | HEAD OF FAMILY | | Leves Euseline | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.O. SHEET | |
| B | | 38 | | | | 1046 | |
| COUNTY | | | | CITY | | | |
| St. Tammany | | | | Slidell | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| Angry William | | | | S | | 21 | |
| Rozetta | | | | D | | 17 | |
| Simon | | | | S | | 10 | |
| Frost Marthe | | | | D | | 19 | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|--------------------------|-------------------------------------|-----------|------------|
| LOUISIANA | | | |
| L200 | HEAD OF FAMILY <i>Rouss, Eugene</i> | | |
| E.D. 51 | SHEET 21 | | |
| COLOR <i>B</i> | AGE <i>19</i> BIRTHPLACE | | |
| COUNTY <i>Calcasieu</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Mary</i> | <i>W</i> | <i>29</i> | |
| <i>and one (boarder)</i> | | | |
| | | | |
| | | | |
| | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Louis, Eva | | E.D. | SHEET |
| COLOR | | AGE | BIRTHPLACE | 95 | 2 |
| mu | | 28 | | | |
| COUNTY | | | CITY | | |
| Red River | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| and 2 lodgers | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Louis Eva</i> | | E.D.
92 | SHEET
17 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Mar</i> | AGE
17 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>William</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 9202 | NAME OF INDIVIDUAL
<i>Louis Esra</i> | | E.D.
76 | SHEET
14 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Dark</i> | AGE
15 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. James</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>James Filasant</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16199-P61

| | | | | LOUISIANA | |
|-------------------------|-----|--------------|-------|------------|---|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| 200 | | Lewis, Eva | | 78 | 2 |
| COLOR | AGE | BIRTHPLACE | | | |
| Mu | 29 | | | | |
| COUNTY | | CITY | | | |
| Rapides | | Alexandria | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Earl | | 1 | 1 | | |
| 1 Bo | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | NAME OF INDIVIDUAL - <i>Louis, Eva</i> | | E.D. 58 SHEET 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>B</i> | AGE <i>72</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | <i>Iberville</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Beemel, Alon</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18169-P81

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Lewis, Eva</i> | | E.O.
79 | SHEET
23 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
22 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Natchitoches | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Williams, Jennie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INFANT</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WIDOWER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INFANT | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIDOWER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INFANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIDOWER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P-1

LOUISIANA

| | | | | |
|--|--|--|----------------|----------------|
| <i>L200</i> | NAME OF INDIVIDUAL <i>Pacy, Eva J.</i> | | E.D. <i>44</i> | SHEET <i>1</i> |
| COLOR <i>W</i> | AGE <i>11</i> | BIRTHPLACE | | |
| COUNTY <i>Calcasieu</i> | | CITY | | |
| ENUMERATED WITH <i>Pacy, J. Jeff</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sister</i> | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P01

LOUISIANA

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|--|--|---|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
Lige Evan | | F.D.
136 | SHEET
29 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
12 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
Vermillion | | CITY
Abbeville | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
Steve Arson | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Gce</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)
Gce | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)
Gce | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Louis Ene</i> | | E.O.
<i>76</i> | SHEET
<i>14</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Dark</i> | AGE
<i>10</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. James</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>James T. Leland</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

LOUISIANA

| | | | | | |
|--|-----------|---|------|--|------------|
| 6200 | | NAME OF INDIVIDUAL
<i>Lewis, Evelyn</i> | | E. D.
75 | SHEET
4 |
| COLOR
B | AGE
13 | BIRTHPLACE | | | |
| COUNTY
St. James | | | CITY | | |
| ENUMERATED WITH
<i>Just, Mary Ann</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------------------------|--|------------------|-------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Louis</i> | | <i>Everet</i> | | E.D.
<i>2</i> | SHEET
<i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>13</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Assumption</i> | | | | CITY
<i>Plattenville</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Carter</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE
<i>Rose</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18188-P61

LOUISIANA

| | | | | | |
|--|-----------------|---|--|---|--------------------|
| SEX
<i>M</i> | | NAME OF INDIVIDUAL
<i>Lewis Everett</i> | | E.D.
<i>79</i> | SHEET
<i>14</i> |
| COLOR
<i>B</i> | AGE
<i>9</i> | BIRTHPLACE | | | |
| COUNTY
<i>Pointe Coupee</i> | | CITY | | | |
| ENUMERATED WITH
<i>Samuel Brown</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>son</i> | |

FORM 10-637 14-20-511

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

| | | | | | |
|--|-----------------|---|--|--|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis Evey.</i> | | E.O.
<i>78</i> | SHEET
<i>18</i> |
| COLOR
<i>B</i> | AGE
<i>1</i> | BIRTHPLACE | | | |
| COUNTY
<i>Natchitoches</i> | | CITY | | | |
| ENUMERATED WITH
<i>Linton John</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>N.R.</i> | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| | | | LOUISIANA | | |
|-------------------------|-----|----------------|-----------|------------|-------|
| C200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Louis Chasse | | 67 | 10 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 25 | | | | |
| COUNTY | | Livingston | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Louis | | W | 22 | | |
| Leila | | D | 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---------|----------------|------|------------|---------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 35 | BIRTHPLACE | Lincoln |
| COUNTY | Lincoln | | CITY | | |
| Rector | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Susan | | W | 28 | | |
| Tommy | | D | 10 | | |
| Lela | | D | 8 | | |
| Willie | | D | 6 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

F

| | | | | | |
|-------------------------|-----------|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| CB | | 52 | | 58 | 1 |
| COUNTY | | | Iberville | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Cezulana | w | 52 | | |
| | Winn | d | 25 | | |
| | Robert 2 | w | 23 | | |
| | Lillian | d. | 21 | | |
| | Catherine | d | 17 | | |
| | Jurman | d | 15 | | |
| | | | | | |

FORM 78-636 (4-29-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| COLOR | AGE | E.D. | SHEET |
| <i>L. L. L.</i> | <i>69</i> | <i>137</i> | <i>15</i> |
| COUNTY | | CITY | |
| Vermillion | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Edith</i> | <i>W</i> | <i>18</i> | |
| <i>Meredith</i> | <i>D</i> | <i>16</i> | |
| <i>Leon</i> | <i>S</i> | <i>12</i> | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-436 (10-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|----------------|--------------|-----------|------------|
| L 200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Leger Fadelis | | 123 | 23 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 25 | | | |
| COUNTY | St. Landry | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Ammie | | w | 20 | |
| Odeal | | d | 1 | |
| Stanford Bernie | | D.R. | 19 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|------|---|-------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| 200 | | Lia Faria | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 19 | | | | |
| COUNTY | | | CITY | | |
| | | | | | |
| ENUMERATED WITH | | | | | |
| Benjamin Osburn | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | |
| | | | | SD | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P-91

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2207 | | NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Lect. Janni | | 91 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Red River | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sherman Jinn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18126-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lewis Lannie</i> | | E.D.
<i>128</i> | SHEET
<i>25</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>22</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY
<i>St. Martin</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Davis Marguerite</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> BOONER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> BOONER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> BOONER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19199-P61

| LOUISIANA | | | |
|-------------------------|--|------------|-------------|
| L200 | HEAD OF FAMILY
<i>Lewis, Fannie</i> | E.D.
3 | SHEET
29 |
| COLOR
B | AGE
25 | BIRTHPLACE | |
| COUNTY
Caldwell | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Living alone</i> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|-----------|------------------------|-----|--------------------|--|------|-------|
| L 200 | | HEAD OF FAMILY | | L 200 L 200 Fannie | | E.D. | SHEET |
| 38 | | 38 | | 5 | | | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| Mw | 49 | | | | | | |
| COUNTY | Calcasieu | CITY Lake Charles City | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Joseph Clotilda | | H | 27 | | | | |
| / Beatrice | | W | 3 | | | | |
| / Eleanor | | W | 1 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------|-----|----------------|------------------|------------|--|
| 5200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewie Fannie | | E.D. | | SHEET | |
| 35 | | 4 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 40 | | | | |
| COUNTY | | | CITY | | |
| | | | East Baton Rouge | | |
| MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ida | | S | 17 | | |
| Johanson Ida | | Ni | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8207 | NAME OF INDIVIDUAL
Anna Fannie | | E.D. 35 SHEET 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
40 | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
East Baton Rouge | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
John | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

| | |
|--|--|
| LOUISIANA | |
| NAME OF INDIVIDUAL
<i>L200 Louis Rennie</i> | E.D. SHEET
<i>59 10</i> |
| COLOR
<i>B</i> | AGE
<i>3</i> |
| BIRTHPLACE | |
| COUNTY
<i>Iberville</i> | CITY |
| ENUMERATED WITH
<i>Parker James</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INSANE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18185-P61

LOUISIANA

| | | | | | |
|--|-----------|---|--|--|-------------|
| 1200 | | NAME OF INDIVIDUAL
Louis F. [unclear] | | E.O.
13 | SHEET
25 |
| COLOR
R | AGE
23 | BIRTHPLACE | | | |
| COUNTY
Richland | | CITY | | | |
| ENUMERATED WITH
[unclear] | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
e | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&A-DC 18100-P01

| | | | | | |
|---|----------|---|------|--|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | <i>Lewis, Fannie</i> | | E D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 105 | 14 |
| B | 13 | | | | |
| COUNTY | Irebonne | | CITY | | |
| ENUMERATED WITH | | | | | |
| <i>Pinedexter, Rogers</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18198-P61

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Louis Fannie</i> |
| E.D.
84 | SHEET
10 |
| COLOR
<i>B</i> | AGE
28 |
| BIRTHPLACE
<i>La</i> | |
| COUNTY
<i>Natchitoches</i> | CITY |
| ENUMERATED WITH
<i>Thorne Robert</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

| | | | | | |
|--|-----|---|--|---|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Jewie, Fannie | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 144 21 | |
| B | 29 | Tex | | | |
| COUNTY | | CITY | | | |
| | | Vernon | | Leesville | |
| ENUMERATED WITH | | | | | |
| Ford, Ed. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16106-P61

| | |
|--|---|
| LOUISIANA | |
| L20P | NAME OF INDIVIDUAL
Lewis Fannet Q. |
| E.D.
127 | SHEET
1 |
| COLOR
W | AGE
32 |
| BIRTHPLACE | |
| COUNTY
Winn | CITY |
| ENUMERATED WITH
Lewis Robert L. | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
di | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INDIVIDUAL | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| L 200 Lewis Fanny | | 77 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lincoln | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Johnson Robert | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>L & L</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | L & L | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| | | | | | |
|--|--|---|------|-----------|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| F. D. | | SHEET | | | |
| 79 | | 22 | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 22 | | | | |
| COUNTY | Natchitoches | | CITY | | |
| ENUMERATED WITH | | | | | |
| Juggins, Fanny | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |
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FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| | 21 | | | 28 | 21 |
| COUNTY | | CITY | | | |
| Jefferson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Bo | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2
9907 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. | SHEET |
| W | 47 | Louis Amy L. | | 52 | 24 |
| COUNTY | | CITY | | | |
| Plaquemines | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| living alone | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| JAMES FARRIS | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 60 | | | | |
| COUNTY | | CITY | | | |
| Rapides | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 J. J. FARRIS | | W | 65 | | |
| Elliott Henry | | G S | 6 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| Last | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 60 | | | 108 | 15 |
| COUNTY | | CITY | | | |
| Ouachita | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Julia | | W | 35 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------------|-----|------------|----------------------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 21 | BIRTHPLACE | St. John the Baptist |
| COUNTY | | St. John the Baptist | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Adena | | W | 20 | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------------------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 24 | BIRTHPLACE | Louisiana Fayette |
| COUNTY | | Richland | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary J. | | W. | 25 | | |
| Connerway Willie | | SS | 9 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 5100 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.D. | SHEET |
| B | 25 | | | 14 | 18 |
| COUNTY | | CITY | | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 27 | | |
| Engelso | | S | 1 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L202 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 62 | | 53 | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IBERVILLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Larrie, Randall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (16-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16196-P61

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|---------------------|------------|-----------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| <i>W</i> | <i>30</i> | <i>Legre, Felix</i> | <i>66</i> | <i>29</i> |
| COUNTY <i>Lafayette</i> | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Louise</i> | <i>W</i> | <i>31</i> | | |
| <i>Leon</i> | <i>S</i> | <i>8</i> | | |
| <i>Lillian</i> | <i>S</i> | <i>6</i> | | |
| <i>Leona</i> | <i>D</i> | <i>4</i> | | |
| <i>Marino</i> | <i>S</i> | <i>2</i> | | |
| <i>Ida</i> | <i>D</i> | <i>3 1/2</i> | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|-----|--------------------|---------|-----------|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| P | 25 | | 70 | 2 | |
| COUNTY | | | CITY | | |
| | | | Lincoln | | |
| ENUMERATED WITH | | | | | |
| Relationship to above | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
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 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
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 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |
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FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|-------------------------|---|----------------|-------|------------|----|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 33 | E.D. | 82 |
| | | BIRTHPLACE | | SHEET | 41 |
| COUNTY | | | CITY | | |
| St. John the Baptist | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Eusebia | | W | 33 | | |
| Grande | | D | 8 | | |
| Fernando | | S | 5 | | |
| Isabel | | D | 9 1/2 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|---|--|--|------------------------------|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| 2200
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>Lewis, E. E. E.</i> | | LOUISIANA
E.D. <i>109</i> | | SHEET
<i>25</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE
<i>62</i> | | BIRTHPLACE
<i>Miss</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY

 | | Tangipahoa | | CITY

 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Pierce Charles</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | | | |
|-------------------------|---|----------------|------|--------------|--|-----------|-------|
| 200 | | HEAD OF FAMILY | | Leach Tucker | | LOUISIANA | |
| COLOR | W | AGE | 28 | BIRTHPLACE | | E.D. | SHEET |
| | | | | | | 1024 | 4 |
| COUNTY | | | | CITY | | | |
| Sabine | | | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Sister | | W | 26 | | | | |
| Freeman | | S | 7 | | | | |
| Cousin | | S | 4 | | | | |
| Uncle | | O | 3/12 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 44 | BIRTHPLACE | |
| | | Lewis Fleming | | E.D. | 83 |
| | | | | SHEET | 13 |
| COUNTY | | St. Mary | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Caroline | | W | 31 | | |
| Willie | | S | 9 | | |
| Fleming Jr. | | S | 7 | | |
| William | | S | 5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---|--------------------|----|------------|------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | B | AGE | 23 | BIRTHPLACE | 7/a. |
| COUNTY | | Calcasieu | | CITY | |
| ENUMERATED WITH | | | | | |
| Dneal, Sophia | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 16199-P-91

| | | | | | |
|--|--|---|------|--|-----------------|
| Lee
COLOR B | | NAME OF INDIVIDUAL
Lewis Flora | | LOUISIANA
E.D. 130 | SHEET 21 |
| AGE 76 | | BIRTHPLACE | | | |
| COUNTY
Tensas | | | CITY | | |
| ENUMERATED WITH
Trapp James | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
G & M | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCEN-DC 1910-1-1

| | | | | | |
|---|-----|--------------------|------|-----------|--|
| L202 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| W | 31 | Large Flaxman | 28 | 4 | |
| COUNTY | | CITY | | | |
| Calcasieu | | | | | |
| ENUMERATED WITH | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER
 <input type="checkbox"/> MOTHER
 <input type="checkbox"/> GRANDFATHER
 <input type="checkbox"/> GRANDMOTHER
 <input type="checkbox"/> GRANDSON
 <input type="checkbox"/> GRANDDAUGHTER
 <input type="checkbox"/> AUNT
 <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW
 <input type="checkbox"/> NIECE
 <input type="checkbox"/> FATHER-IN-LAW
 <input type="checkbox"/> MOTHER-IN-LAW
 <input type="checkbox"/> SON-IN-LAW
 <input type="checkbox"/> DAUGHTER-IN-LAW
 <input type="checkbox"/> BROTHER-IN-LAW
 <input checked="" type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE
 <input type="checkbox"/> NURSE
 <input type="checkbox"/> PATIENT
 <input type="checkbox"/> ROOMER
 <input type="checkbox"/> SERVANT
 <input type="checkbox"/> OTHER (Specify) </div> </div> | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 19108-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 712 | | 71 | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>St. James</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE <i>Lewis John</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMAITE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAITE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAITE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1207
NAME OF INDIVIDUAL
<i>Amelia Florence</i> | | LOUISIANA
E.D. <i>93</i> SHEET <i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>76</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Mary</i> | | CITY
<i>Patterson</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Rathessee Amelia</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| <i>L 200</i>
NAME OF INDIVIDUAL | | LOUISIANA
E.D. <i>93</i> SHEET <i>✓</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>45</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Mary</i> | | CITY
<i>Battison</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Battison Amelia</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>D</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--------------------|--|-----------|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 2 | | 42 | 15 |
| BIRTHPLACE | | | | | |
| COUNTY | | Lafourche | | CITY | |
| ENUMERATED WITH | | | | | |
| Butler John | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> NEGATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
10 | | | | | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L-200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis | | Florence | | R.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mu | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Webster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harris Dave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECORDS OF 1910-1911

RECORD OF 1910-1911

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 222 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| Wm | | 34 | | 76 | 10 |
| COUNTY | | | CITY | | |
| | | | St. James | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Celine | | W | 36 | | |
| Jenny Kelly | | GD | 15 | | |
| Louise Adams | | S | 12 | | |
| Rita | | O | 9 | | |
| Bentley | | S | 7 | | |
| Charles | | S | 5 | | |
| Francis | | O | 1 | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|--------------|------------|
| } <i>Arlene</i> | <i>D</i> | <i>2 1/2</i> | |
| | <i>D</i> | <i>2 1/2</i> | |
| | | | |
| | | | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMMA-DC 1910B-P61

| | | | | | |
|--|-----|---|--|---|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| | | Louis Floyd | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 1/2 | | | | |
| COUNTY | | Webster | | CITY | |
| | | | | | |
| ENUMERATED WITH | | | | | |
| Sexton Henry | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> BOARDER
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
S | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1810-P61

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL
<i>Lewis Floyd</i> |
| E.D.
119 | SHEET
6 |
| COLOR
<i>B</i> | AGE
<i>1</i> |
| BIRTHPLACE | |
| COUNTY | CITY |
| <i>Webster</i> | |
| ENUMERATED WITH
<i>Norman West</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Son-in-law</i> | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15199-P01

| | | | | | |
|--|-----|--|--|--|--|
| 4202 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lakay, Isloyd | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 73 11 | |
| mi | 12 | | | | |
| COUNTY | | CITY | | | |
| | | Lincoln | | Simshoro Village | |
| ENUMERATED WITH | | Holland, Columbus | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-001

| | | | | | | | |
|-------------------------|---|----------------|----|---------------|-----|------------|----|
| 2200 | | HEAD OF FAMILY | | Lacey, Herman | | LOUISIANA | |
| COLOR | W | AGE | 38 | BIRTHPLACE | | E.O. | 40 |
| | | | | | | SHEET | 5 |
| COUNTY | | | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lacey | | | | W | 40 | | |
| Eunice H. | | | | D | 16 | | |
| | | | | | | | |
| | | | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|-----------|--------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 8200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 14 | E.D. | 142 25 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BIRTHPLACE | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vermillion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Louis W. S. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | |
|--|-----------|---|------|---|----------|
| <i>L 100</i> | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| <i>B</i> | <i>16</i> | <i>Lewis, Foust</i> | | <i>52</i> | <i>7</i> |
| COUNTY | | | CITY | | |
| <i>Terrebonne</i> | | | | | |
| ENUMERATED WITH | | | | | |
| <i>Jones, Andrew</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>B</i> | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

| | | | | | |
|--|--|---|-------------------------|---|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Lake Francis</i> | | LOUISIANA | |
| COLOR
<i>W</i> | | AGE
<i>22</i> | BIRTHPLACE
<i>Ks</i> | E.D.
<i>82</i> | SHEET
<i>37</i> |
| COUNTY
<i>St. John the Baptist</i> | | | CITY | | |
| ENUMERATED WITH
<i>Bascom Henry</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| L 200 | | L 200 | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 41 | | | | |
| COUNTY | | | CITY | | |
| Ascension | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Clara | | W | 21 | | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|------------|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Leona Francis</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>B</i> | <i>22</i> | | | <i>142</i> | <i>25</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>West Carroll</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Williams Latha</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16106-P61

| | | | | | |
|-------------------------|----------------------|----------------|-----|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| 8 | | 60 | | 81 | 21 |
| BIRTHPLACE | | | | | |
| COUNTY | St. John the Baptist | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Angeline | | D | 24 | | |
| William, William | | NRNE | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Lewis Francis</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
B | AGE
25 | BIRTHPLACE | | E.O.
152 | SHEET
28 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Moneas Ellen</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>P</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>P</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>P</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

| | | | | | | | |
|-------------------------|---|----------------|-----|---------------|--|-----------|--|
| L-300 | | HEAD OF FAMILY | | Louis Francis | | LOUISIANA | |
| E.D. | | SHEET | | 114 | | 8 | |
| COLOR | W | AGE | 62 | BIRTHPLACE | | | |
| COUNTY | | Webster | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 Charlie | | S | 19 | | | | |
| | | | | | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| X200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | | E.O. | SHEET |
| B | 52 | | | 140 | 3 |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| John | | S | 21 | | |
| Cassie | | D-1 | 19 | | |
| Alex | | G-S | 3/12 | | |
| Felix | | S | 15 | | |
| James Schott | | G-S | 13 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|------------------|----------------|-------------|------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis F. Lewis | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 61 | | | | |
| COUNTY | East Baton Rouge | | CITY | | |
| | | | Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Willie | | S | 37 | | |
| Lowell | | S | 27 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|------------------------------|-----|------------|
| LOUISIANA | | | |
| L 200 | HEAD OF FAMILY Louis Francis | | |
| E.D. 74 | SHEET 10 | | |
| COLOR B | AGE 52 BIRTHPLACE | | |
| COUNTY Lafayette | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Louise | W | 52 | |
| Andre | S | 12 | |
| Joseph | S | 10 | |
| Marie | D | 8 | |
| Louisa | D | 6 | |
| | | | |
| | | | |

| | | | | | |
|--|---|---|----|--|-----------|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis, Francis E. | | E.O. | | SHEET | |
| COLOR | W | AGE | 48 | BIRTHPLACE | Calcasieu |
| COUNTY | | | | CITY | |
| ENUMERATED WITH | | | | | |
| Lewis, Thos. L. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16199-P61

| | | | | | |
|-------------------------|----------|----------------|------------------|------------|-----|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 32 | BIRTHPLACE | St. |
| COUNTY | | | West Baton Rouge | | |
| CITY | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Rosa | W | 24 | St. | |
| | Virginia | D | 9 | | |
| | Francis | D | 9 | | |
| | Zeta | D | 4 | | |
| | Rosa | D | 2 | | |
| | Jack | S | 3/4 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|------------|------------|
| COLOR | AGE | BIRTHPLACE | E.D. SHEET |
| W | 61 | | 50 |
| COUNTY | | CITY | |
| Pointe Coupee | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Marie | W | 56 | |
| Robertson Arthur V | SC | 41 | England |
| 2 Marie Prince | W | 31 | |
| Eda V | D | 14 | |
| Maria | D | 12 | |
| Wanglow | S | 10 | |
| Edeline | D | 8 | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

157044 (C) 1998-769

LOUISIANA

| LOUISIANA | | | |
|--|--------------------|----------------|-------|
| L200 | NAME OF INDIVIDUAL | | E.D. |
| | Louis, Frank | | 25 |
| COLOR | AGE | BIRTHPLACE | SHEET |
| B | 21 | | 25 |
| COUNTY | | CITY | |
| Jefferson | | Mc Donoghville | |
| ENUMERATED WITH | | | |
| Louis, Julia | | | |
| RELATIONSHIP TO ABOVE | | | |
| <div> <input type="checkbox"/> FATHER <input type="checkbox"/> NEPHEW <input type="checkbox"/> INMATE </div> <div> <input type="checkbox"/> MOTHER <input type="checkbox"/> NIECE <input type="checkbox"/> NURSE </div> <div> <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> PATIENT </div> <div> <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> ROOMER </div> <div> <input type="checkbox"/> GRANDSON <input type="checkbox"/> SON-IN-LAW <input type="checkbox"/> SERVANT </div> <div> <input type="checkbox"/> GRANDDAUGHTER <input type="checkbox"/> DAUGHTER-IN-LAW <input checked="" type="checkbox"/> OTHER (Specify) </div> <div> <input type="checkbox"/> AUNT <input type="checkbox"/> BROTHER-IN-LAW <div>B</div> </div> <div> <input type="checkbox"/> UNCLE <input type="checkbox"/> SISTER-IN-LAW <div></div> </div> | | | |

FORM 10-637 (4-20-67)

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10103-P43

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|---------------------|---------------------|--------------|
| L 200 | <i>Lusco, Frank</i> | E.D. 70 | SHEET 20 |
| COLOR
W | AGE
33 | BIRTHPLACE
Italy | |
| COUNTY
Lafayette | CITY
Lafayette | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Theresa</i> | <i>W</i> | <i>23</i> | <i>Italy</i> |
| <i>Frances</i> | <i>D</i> | <i>5</i> | |
| <i>Dominick</i> | <i>D</i> | <i>3</i> | |
| <i>Rose</i> | <i>D</i> | <i>2</i> | |
| <i>Frank</i> | <i>S</i> | <i>3 1/2</i> | |
| | | | |
| | | | |

FORM 10-436 (2-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lazzie Frank | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 28 30 | |
| W | 38 | | | | |
| COUNTY | | CITY | | | |
| Jefferson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Rosie | | W | 29 | Italy | |
| | | | | | |
| | | | | | |
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| | | | | | |
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FORM 10-436 (4-20-11)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| 7200 | | NAME OF INDIVIDUAL
<i>Lake, Frank</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>26</i> | BIRTHPLACE
<i>NY</i> | | F.D.
<i>27</i> | SHEET
<i>27</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Jefferson</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Leinhardt, Theodore</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>HM</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>HM</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>HM</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

| X-200 | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|----------------|------|------------|--|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| | 24 | | 142 | 4 | |
| COUNTY | West Carroll | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | w | 19 | | |
| Henry | | S | 2 | | |
| Bincard | | S | 9/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 30 | | 113 | 10 |
| COUNTY | | | CITY | | |
| Webster | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary | | W | 28 | | |
| El D | | S | 10 | | |
| Esther | | D | 8 | | |
| Nadine | | S | 6 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|--|--|-------------------|
| 202
COLOR <i>W</i> | | NAME OF INDIVIDUAL
<i>Lasse Frank</i> | | LOUISIANA
E.O. <i>145</i> | SHEET
<i>4</i> |
| AGE <i>4 1/2</i> | | BIRTHPLACE | | | |
| COUNTY | | City
<i>Vernon</i> | | CITY | |
| ENUMERATED WITH
<i>Selzer Raymond</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| | | LOUISIANA | |
|-------------------------|--------------------|--------------|--------------|
| (1202) | HEAD OF FAMILY | E.D. | SHEET |
| | <i>Loce, Frank</i> | <i>53</i> | <i>1</i> |
| COLOR | AGE | BIRTHPLACE | |
| <i>W</i> | <i>53</i> | <i>Italy</i> | |
| COUNTY | CITY | | |
| | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Mary</i> | <i>W</i> | <i>46</i> | <i>Italy</i> |
| <i>Marguerite</i> | <i>D</i> | <i>18</i> | <i>Italy</i> |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>200</i> | | NAME OF INDIVIDUAL
<i>Leslie Frank</i> | | E.O.
<i>51</i> | SHEET
<i>10</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>w</i> | AGE
<i>19</i> | BIRTHPLACE
<i>austria</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Franklin</i> | | CITY
<i>W. Washboro</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Nikolaic Fred</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | Louisiana | |
| COLOR | | AGE | | E.D. | SHEET |
| W | | 67 | | 78 | 8 |
| BIRTHPLACE | | Italy | | | |
| COUNTY | | Lincoln | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| P1 Rose | | w | 60 | Italy | |
| Par Joe | | n | 4' | Italy | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 5200 | | NAME OF INDIVIDUAL
<i>Leure, Frank</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>8</i> | BIRTHPLACE | | E.D.
<i>55</i> | SHEET
<i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Plaquemines</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Murray, John</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 1910-701

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lester Frank | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 22 | | | | |
| COUNTY | | St. Martin | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Loring alone | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 10
6200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 10 | | 92 | 21 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>St. Tammany</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE <i>Sardas, Maria</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P01

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| 2200 | | HEAD OF FAMILY | | Luciah, Frank | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. SHEET | |
| W | | 38 | | | | 97 36 | |
| COUNTY | | | | Tensas | | CITY | |
| | | | | | | Morgan | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| 1 Tony | | | | B | | 28 | |
| | | | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|---|------------|--|-------|
| 9200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 20 | | 104 | 30 |
| COUNTY | | | CITY | | |
| Terrebonne | | | Houma | | |
| ENUMERATED WITH | | | | | |
| Henderson Henriette | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

| | | | | | |
|-------------------------|---------------|----------------|-----|------------|-------|
| L300 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis, Frank | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| Mar | 60 | | | | |
| COUNTY | Harrison CITY | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Francis | | W | 68 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-----------|------------|
| 8200 | Luke Frank | E.D. | SHEET |
| COLOR | AGE | 106 | 11 |
| W | 47 | | |
| BIRTHPLACE | | | |
| COUNTY | CITY | | |
| Terrebonne | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ema | W | 42 | |
| Allice | D | 18 | |
| Epheleir | D | 13 | |
| Caroline | D | 10 | |
| Cora | D | 9 | |
| Georgette | D | 7 | |
| Josephine | S | 4 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|--|--------------------------------|-----|-------------------------|--|------------|--|
| 4-200
COLOR
B | | HEAD OF FAMILY
Louis. Frank | | LOUISIANA
E.D.
79 | | SHEET
1 | |
| AGE
66 | | BIRTHPLACE | | | | | |
| COUNTY
Natchitoches | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 Virginia West | | 1 | 40 | | | | |
| John | | SS | 15 | | | | |
| 1 Dulma | | SD | 6 | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis | | Frank | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 65 | S.C. | | | |
| COUNTY | | | CITY | | |
| Caddo | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lucie | | W | 60 | | |
| Smith, Solomon | | S-S | 23 | | |
| 1 Ottie M. | | S-D | 18 | | |
| 1 Perley | | S-D | 16 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|-------------------------|----------------|
| LOUISIANA | |
| L 200 | HEAD OF FAMILY |
| LOUIS | FRANK J. |
| E.D. | SHEET |
| 53 | 3 |
| COLOR | AGE |
| B | 32 |
| BIRTHPLACE | |
| Tex | |
| COUNTY | CITY |
| Caddo | |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP |
| AGE | BIRTHPLACE |
| Julia | W |
| 25 | |
| Edgar | S |
| 6 | |
| Edward | S |
| 7a | |
| | |
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Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| L 200 Leigh Frank | | | 3 | 15 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 24 | Miss | | |
| COUNTY | | CITY | | |
| Caldwell | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sda | W | 19 | Miss | |
| 1 Glover | S | 3 | Miss | |
| Graton | S | 14 | | |
| | | | | |
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FORM 10-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|--------------|------------|-------|
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET |
| L200 | 31 | Levin, Frank | 11 | 2 |
| COUNTY | | CITY | | |
| Bienville | | Saline | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Emma | W | 36 | | |
| Patterson, Annie | SD | 21 | | |
| And 1 son | | | | |
| | | | | |
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FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|--|
| 220 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis Frank | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 24 | | | | |
| COUNTY | | CITY | | | |
| | | | | | |
| ENUMERATED WITH | | | | | |
| Dechell David | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1910-P-1

| | | | | | |
|-------------------------|---|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis, Frank | | E.O. | SHEET |
| COLOR | B | AGE | 40 | BIRTHPLACE | |
| COUNTY | | | Assumption | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Camilia | | W | 40 | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|----------------------------------|-----------|------------|
| LOUISIANA | | | |
| P200 | HEAD OF FAMILY <i>Luke Frank</i> | | |
| E.D. 97 | SHEET 5 | | |
| COLOR <i>B</i> | AGE <i>21</i> | | |
| BIRTHPLACE | | | |
| COUNTY <i>Red River</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Lorina</i> | <i>W</i> | <i>20</i> | |
| <i>Charley</i> | <i>S</i> | <i>6</i> | |
| <i>Henry</i> | <i>D</i> | <i>4</i> | |
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FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|-----|------------|-------|
| 9207 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Louis, Frank | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 22 | | | | |
| COUNTY | | Pointe Coupee | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Rachel | W | 18 | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|---------------|--------------------|------------|-----------|--|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewis F. Rank | | E.D. | | SHEET | |
| COLOR | 13 | AGE | BIRTHPLACE | | |
| COUNTY | Pointe Coupee | | CITY | | |
| ENUMERATED WITH | | | | | |
| William James | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
ad d | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 15195-P61

LOUISIANA

| | | | |
|--|---|--|--------------------|
| NAME OF INDIVIDUAL
<i>Boonlocks Frank</i> | | E.D.
<i>153</i> | SHEET
<i>12</i> |
| COLOR
<i>B</i> | AGE
<i>28</i> | BIRTHPLACE | |
| COUNTY
<i>St. Landry</i> | | CITY | |
| ENUMERATED WITH
<i>Bowman Jeff</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Not Reported</i> | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| LOUISIANA | | | |
|-------------------------|--------------------------------|------------|-----------------|
| 200 | HEAD OF FAMILY
Lennie Frank | | E.D. 94 SHEET 6 |
| COLOR
B | AGE
26 | BIRTHPLACE | |
| COUNTY | St. Mary | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ellen | W | 26 | |
| Lennie | SD | 19 | |
| Archie | S | 6 | |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL
<i>Lussu, Frank</i> | | E.D.
86 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | SHEET
20 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>w</i> | AGE
28 | BIRTHPLACE
<i>Italy</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Mary</i> | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lussu, Joseph</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (6-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Leon</i> | NAME OF INDIVIDUAL
<i>Leon Frank</i> | | E.D. <i>66</i> SHEET <i>20</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>Mu</i> | AGE
<i>20</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. James</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Melancon Alcid M.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P81

| | | | | | |
|-------------------------|--------------|----------------|------------|------------|----|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 35 | BIRTHPLACE | |
| COUNTY | | | | E.O. | 66 |
| | | | | SHEET | 35 |
| St. James | | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Josephine | W | 43 | | | |
| Marceline | SD | 20 | | | |
| Thelma | SD | 18 | | | |
| Elva | SD | 15 | | | |
| Josephine | SD | 14 | | | |
| Albert | SS | 10 | | | |
| Marceline | S | 5 | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| HEAD OF FAMILY - CONTINUED | | CARD 2 OF 2 | |
|----------------------------|--------------|-----------------------|------------|
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Alina</i> | <i>D</i> | <i>4</i> | |
| <i>Nucit</i> | <i>S</i> | <i>4</i>
<i>12</i> | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15198-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <i>L Lee</i> | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Lewis Frank C</i> | | | | E.O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>W</i> | <i>22</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>St. Helena</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Lewis Henry W</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|----|
| 2000 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | W | AGE | 52 | BIRTHPLACE | NC |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Margaret | | w | 43 | NC | |
| Minnie | | d | 18 | ala | |
| Robert J. | | s | 15 | ala | |
| Marion | | d | 13 | Va | |
| William | | s | 8 | Va | |
| John L. | | s | 11 | Va | |
| Lannie L. | | s | 5 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | Lewis Frank | | E.D. | SHEET |
| W | | AGE | BIRTHPLACE | 19 | 2 |
| 53 | | | | | |
| COUNTY | | | CITY | | |
| Tangipahoa | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 10 | | W | 52 | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| S 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Name | | Fred | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| Wm | 75 | Kentucky | | | |
| COUNTY | | Bossier | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Maudy | | W | 45 | | |
| Ben | | S | 19 | | |
| Jack | | S | 15 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----------------|--|--|--|-------------------|
| 1200 | | NAME OF INDIVIDUAL
<i>Simon, Fred</i> | | LOUISIANA | |
| COLOR
<i>B</i> | AGE
<i>6</i> | BIRTHPLACE | | E.D.
<i>35</i> | SHEET
<i>9</i> |
| COUNTY
<i>East Baton Rouge</i> | | CITY | | | |
| ENUMERATED WITH
<i>Simmons Robert</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|----|--------------------|----|------------|------------------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | 13 | AGE | 17 | BIRTHPLACE | E.D. 87 SHEET 12 |
| COUNTY | | Madison | | CITY | |
| ENUMERATED WITH | | | | | |
| Rutherford, William | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USC034M-DC 18106-P61

| | | | | | |
|-------------------------|--|----------------|-------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| w | | 25 | | 65 | 15 |
| COUNTY | | | St. Charles | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Marie | | w | 21 | | |
| Joseph | | S | 4 | | |
| Anthony | | S | 2 | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-------------|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis Fred</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>N</i> | AGE
<i>15</i> | BIRTHPLACE | | E.D.
<i>137</i> | SHEET
<i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | Union | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Golden, Judson J.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>1 La</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>1 La</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>1 La</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| | | | | | |
|-------------------|---------------|----------------------------------|-----------|----------------|-----------------|
| <i>200</i> | | HEAD OF FAMILY <i>Lewis Fred</i> | | LOUISIANA | |
| COLOR <i>B</i> | AGE <i>29</i> | BIRTHPLACE | | E.D. <i>51</i> | SHEET <i>31</i> |
| COUNTY | | | CITY | | |
| MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>1 Victoria</i> | | <i>W</i> | <i>22</i> | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis Fred | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| Mw | 27 | | | | |
| COUNTY | | | CITY | | |
| Rapides | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / Gertrude | | W | 21 | | |
| Alison | | D | 3 | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|------------------|----------------|-----|---------------|-------------|-----------|----|
| 2300 | | HEAD OF FAMILY | | Lacey Fred H. | | LOUISIANA | |
| COLOR | W | AGE | 37 | BIRTHPLACE | Lans | E.D. | 17 |
| COUNTY | East Baton Rouge | | | CITY | Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Alice M. | | W | 35 | Ill. | | | |
| Eulis E. | | D | 10 | | | | |
| Henry J. | | F | 74 | Ohio | | | |
| Nancy E. | | SM | 66 | Ind. | | | |
| | | | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 30 | | 153 | 9 |
| COUNTY | | | St. Landry | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Esebelier | | w | 22 | | |
| Frank | | s | 16 | | |
| | | | | | |
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Form 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|--|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| W | | 69 | | 4 | 20 |
| COUNTY | | | CITY | | |
| Acadia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Arlie | | W | 67 | | |
| Pendleton, Edward | | B-L | 69 | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|-------------------------|--------|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Leach | | F. Adrick | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 55 | N. Car | | | |
| COUNTY | Sabine | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Lettie | | W | 43 | Wisc | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | NAME OF INDIVIDUAL | | E.D. | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lusk, Fredonia | | 132 | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 71 | Miss | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Union | | Marion | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Westbrooks, Gask | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-NC 1910-P61

| | | | | | |
|-------------------------|---|----------------|------|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis, Freeman | | E.D. | SHEET |
| COLOR | B | AGE | 28 | 45 | 10 |
| | | Miss. | | | |
| COUNTY | | | CITY | | |
| East Carroll | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Williams, Agnes | | Daughter | 30 | | |
| Pellier, Lee | | NR | 18 | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|--|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | S.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | 18 | Lacy, Foremont | 44 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcasieu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lacy, J. Jeff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

| | |
|---|---|
| LOUISIANA | |
| L 200 | NAME OF INDIVIDUAL
Louise Fresnand |
| E.D.
68 | SHEET
15 |
| COLOR
W | AGE
9 |
| BIRTH PLACE | |
| COUNTY | CITY |
| St. James | |
| ENUMERATED WITH
Guistaph Frank | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIDATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

Form 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lawke Fritz | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 25 | | | | |
| COUNTY | | St. Mary | | CITY | |
| | | | | Berwick | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Cecile M | | W | 19 | | |
| 1 Paul Q | | S | 12 | | |
| 4 1 B O | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|--------------|-------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| 5400 Leighy, Frens | | 33 | 15 |
| COLOR | AGE | BIRTHPLACE | |
| W | 40 | It. Italian | |
| COUNTY | CITY | | |
| Calcasieu | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Salina | W | 25 | It Italian |
| Zony | S | 3 | |
| Josie | O | 12 | |
| | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--------|----------------|------------|------------|-------|
| P 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 33 | Legg, Ga | 184 | 29 |
| COUNTY | | | CITY | | |
| Vernon | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Rexie | W | 27 | Tex | |
| | Archie | S | 7 | Tex | |
| | Alva | D | 5 | | |
| | Avis | D | 3 | | |
| | Ada | D | 6/2 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---------------------|------|-----------|--|
| L 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | AGE | BIRTHPLACE | E.D. | SHEET | |
| W | 22 | Tex | 132 | 6 | |
| COUNTY | | CITY | | | |
| | | Washington Bogalusa | | | |
| ENUMERATED WITH | | | | | |
| Walters, Charles | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE
<input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW
<input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WORKER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 35 | Texas | 97 | 15 |
| COUNTY | | MOBILE | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-------------|------------|
| NAME | | E.D. | SHEET |
| L. ZOO Lewis Lake | | 65 | 10 |
| COLOR | AGE | BIRTHPLACE | |
| R | 57 | St. Charles | |
| COUNTY | CITY | | |
| St. Charles | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Josephine | W | 45 | |
| David | S | 19 | |
| Robert | S | 20 | |
| Lake | S | 11 | |
| Reuben | S | 6 | |
| | | | |
| | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|-----------------|------------|------------|
| L 200 | HEAD OF FAMILY. | | E.D. SHEET |
| | Lewis, Gabriel | | 131 22 |
| COLOR | AGE | BIRTHPLACE | |
| B | 25 | | |
| COUNTY | CITY | | |
| St. Martin | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Leoncia | W | 20 | |
| Noelie | D | 3 | |
| | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| L200 | | HEAD OF FAMILY | | Louis Gabriel | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| Wm | | 52 | | | | 64 | |
| COUNTY | | | | St. Charles | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| Hannette | | | | W | | 49 | |
| Martin | | | | S | | 16 | |
| Rose | | | | D | | 14 | |
| Anna | | | | D | | 12 | |
| Willie | | | | D | | 10 | |
| Florence | | | | D | | 9 | |
| Joseph | | | | S | | 7 | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|------------------------------|-----|------------|
| 200 | HEAD OF FAMILY Lewis Garland | | |
| E.D. 107 | SHEET 12 | | |
| COLOR W | AGE 37 | | |
| BIRTHPLACE | | | |
| COUNTY Tangipahoa | CITY Kentwood | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Ida | W | 25 | |
| Anis | D | 4 | |
| Arthur | S | 2 | |
| | | | |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|--|------------|--|-------|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 13 | | 112 | 15 |
| COUNTY | | | CITY | | |
| Tangipahoa | | | | | |
| ENUMERATED WITH | | | | | |
| Lewis William J. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

| | | | | | |
|-------------------------|---|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis Garner | | E.D. | SHEET |
| COLOR | B | AGE | 30 | BIRTHPLACE | |
| COUNTY | | Red River | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living alone | | | | | |
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FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|----------------|------------|------------|-------|
| 1200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lecae, Gaspar | | 139 | 24 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 52 | Austria | | |
| COUNTY | CITY | | | |
| West Baton Rouge | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Qurelia | W | 48 | | |
| Frank | S | 20 | | |
| Ferdinand | S | 21 | | |
| Sidney | S | 19 | | |
| Edwih | S | 17 | | |
| Lena | D | 15 | | |
| Henry | S | 13 | | |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| / Alex | S | 11 | |
| Claude | S | 9 | |
| | | | |
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FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18708-P01

| LOUISIANA | | E.O. | SHEET |
|-------------------------|-------------------------------------|--------------|-------|
| L 200 | HEAD OF FAMILY
Lewis General sr. | | 55 5 |
| COLOR
B | AGE
38 | BIRTHPLACE | |
| COUNTY
Caddo | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| Rosay | | W | 35 |
| Claborn | | S | 14 |
| Thompson Lizzie | | G D | 3 |
| Wesley | | H. H. | 16 |
| | | | |
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FORM 16-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | |
|-------------------------|--|----------------|--------------|---------------|------------|------|-------|
| 1200 | | HEAD OF FAMILY | | Lewis General | | E.O. | SHEET |
| B | | AGE | 21 | | | | |
| BIRTHPLACE | | | | | | | |
| COUNTY | | | Caddo | | CITY | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Beatrice | | | M | 17 | | | |
| | | | | | | | |
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FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|------------------|--------------|------|------------|
| L200 | HEAD OF FAMILY | | E.D. | SHEET |
| | Lewis, Gen Grant | | 79 | 12 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 44 | | | |
| COUNTY | | CITY | | |
| Natchitoches | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| | Emeline | W | 42 | |
| | Ada | D | 18 | |
| | Jessie Lee | D | 15 | |
| | Georgia | S | 14 | |
| | Clara | S | 12 | |
| | Theodore | S | 8 | |
| | Sherman | S | 1 | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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|---|---|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | 5 | | 112 | 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Tangipahoa | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis William J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> HOUSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> HOUSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> HOUSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCORG-DC 10100-P81

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Boe</i> | | E.O.
<i>70</i> | | SHEET
<i>5</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>17</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Livingston</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Louis Sam H</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOM-DC 15195-P61

LOUISIANA

| | | | | | |
|--|-----------|---|---------------|--|-------------|
| L200 | | NAME OF INDIVIDUAL
Lewie Geneva | | E.D.
104 | SHEET
40 |
| COLOR
B | AGE
23 | BIRTHPLACE | | | |
| COUNTY
Iberbonne | | | CITY
Houma | | |
| ENUMERATED WITH
Houston Joseph E. | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> WIDWIFE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input checked="" type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
 | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

George

PRODUCT OF

Hamington Brand

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT
PACKAGED EVERYWHERE

Soundex
QUICK AS
A FLASH

GET LETTER CHART

| b | c | d | i | m | r |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------|----------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>2900</i> | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | E. O. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>B</i> | <i>4</i> | <i>Louis George</i> | | <i>32</i> | <i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>Jefferson</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>James, Nick</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18168-P-1

| | | | | | | | |
|-------------------------|--|-------------------------------|-----|-------------------|--|-------------|--|
| L300
COLOR | | HEAD OF FAMILY
Luke George | | LOUISIANA
E.O. | | SHEET
13 | |
| 13
AGE | | 78
BIRTHPLACE | | 128
Ga | | | |
| COUNTY
Winn | | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| 1 Matilda | | W | 59 | N. C. | | | |
| Philips Fannie | | GD | 34 | | | | |
| Sam Messy | | GD | 19 | | | | |
| Allen Earlene | | GD | 2 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|---|---|
| LOUISIANA | |
| 2200 | NAME OF INDIVIDUAL
<i>Louis George</i> |
| E.D.
133 | SHEET
5 |
| COLOR
B | AGE
6 |
| BIRTHPLACE
<i>Washington</i> | |
| COUNTY | CITY |
| ENUMERATED WITH
<i>Monday Carolina</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 18-637 (4-20-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1910-P-1

LOUISIANA

| | | | |
|--|---|--|--------------------|
| NAME OF INDIVIDUAL
<i>Lewis George</i> | | E.O.
<i>62</i> | SHEET
<i>13</i> |
| COLOR
<i>B</i> | AGE
<i>4</i> | BIRTHPLACE | |
| COUNTY
<i>De Soto</i> | | CITY | |
| ENUMERATED WITH
<i>Lewis Isaiah</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>SS</i> | |

FORM 16-427 (4-22-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-PS1

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L200 | HEAD OF FAMILY | E.D. | SHEET |
| | Liggie George | 69 | 16 |
| COLOR | AGE | BIRTHPLACE | |
| W | 18 | Tex | |
| COUNTY | DA SOTO | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Liggie | W | 18 | |
| John | S | 2 | |
| Lena | D | 3.2 | |
| + 1 br | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| <i>L200</i> | NAME OF INDIVIDUAL
<i>Lois George</i> |
| E.D.
<i>67</i> | SHEET
<i>14</i> |
| COLOR
<i>W</i> | AGE
<i>22</i> |
| BIRTHPLACE
<i>Tex</i> | |
| COUNTY
<i>De Soto</i> | CITY |
| ENUMERATED WITH
<i>Levada Thomas</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Partner</i> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

| | | | | | |
|-------------------------|----------|----------------|------|------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| 0 | | 33 | | 37 | 100 |
| BIRTHPLACE | | | | | |
| COUNTY | | | CITY | | |
| Lafourche | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| / | Violet | w | 35 | | |
| / | William | s | 16 | | |
| / | Mamie | D | 11 | | |
| / | Sam | S | 9 | | |
| / | Virginia | D | 4 | | |
| / | Samuel | S | 2 | | |
| | | | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL
<i>Less</i> | NAME OF INDIVIDUAL
<i>Less George</i> | | | E.O.
<i>102</i> | SHEET
<i>8</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>35</i> | BIRTHPLACE
<i>Mo</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Ouachita</i> | CITY
<i>Morse</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lickie Frank</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 16-637 (4-30-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

| HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|--------------|-----------|------------|
| COLOR | AGE | E.D. | SHEET |
| 1200 | 35 | 52 | 19 |
| Laza George | | | |
| W | | | |
| COUNTY | CITY | | |
| Plaquemine | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Beaul | W | 24 | |
| Yelush | S | 2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 18-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL Lewis, Geo. |
| E.D. 104 | SHEET 11 |
| COLOR W | AGE 22 |
| BIRTHPLACE | |
| COUNTY St. Tammany | CITY Shidell |
| ENUMERATED WITH Collier Lawrence | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

Form 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15100-P01

| | | | | | |
|-------------------------|----|----------------|------------|------------|--|
| 200 | | HEAD OF FAMILY | | Louisiana | |
| Lewis George | | E.D. | | SHEET | |
| COLOR | 13 | AGE | 48 | BIRTHPLACE | |
| | | Ala | | | |
| COUNTY | | | CITY | | |
| Tammany | | | Shreveport | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Anna | | W | 49 | SC | |
| James | | S | 12 | | |
| Harrison Pearly | | SD | 16 | | |
| Lillie O | | SD | 13 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 18-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|--|--|---|--------------------|--------------------|
| L200 | NAME OF INDIVIDUAL
<i>Lewis Geo</i> | | E.D.
<i>104</i> | SHEET
<i>35</i> |
| COLOR
<i>B</i> | AGE
<i>16</i> | BIRTHPLACE | | |
| COUNTY
<i>Terrebonne</i> | | CITY
<i>Houma</i> | | |
| ENUMERATED WITH
<i>Howard Phadore</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>5</i> | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC9104-DC 10100-P01

| LOUISIANA | | | |
|-------------------------|-----------------------------|-----------------|------------|
| L200 | HEAD OF FAMILY Lake, George | E.O. 127 | SHEET 8 |
| COLOR B | AGE 37 | BIRTHPLACE Miss | |
| COUNTY Tensas | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Maria | W | 40 | |
| Israel, Davis | SS | 8 | |
| Israel, Betty | SD | 7 | |
| Boyd, Arthur | N | 17 | |
| Wall, Opus | Ni | 23 | |
| Davis, Rachael | ML | 64 | Ky |

| LOUISIANA | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | E.D. | SHEET | |
| 220 | 102 | 5 | |
| COLOR | AGE | BIRTHPLACE | |
| W | 60 | Ala | |
| COUNTY | Sabine | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Nancy | W | 44 | Tex |
| Indi | D | 20 | |
| Minnie | D | 17 | |
| Charley | S | 12 | |
| Larry | S | 6 | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 37 | | 88 | 8 |
| COUNTY | | | Rapides | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Marthy E. | W | 35 | | |
| | Luella | D | 11 | | |
| | Jake | S | 9 | | |
| | Eli S. | S | 8 | | |
| | Elick | S | 7 | | |
| | Emma | D | 5 | | |
| | Eula | D | 3 | | |

FORM 18-636 (4-10-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USE CARE OF 16100-P-57

| | | | | LOUISIANA | |
|-------------------------|---------|----------------|-----|------------|-------|
| C 200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lewis George | | 88 | 8 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 37 | | | | |
| COUNTY | | Rapides | | CITY | |
| | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary E. | W | 35 | | |
| | Sarah | D | 11 | | |
| | Jake | S | 9 | | |
| | Eli S. | S | 8 | | |
| | Elick | S | 7 | | |
| | Emma | D | 5 | | |
| | Lula | D | 3 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| HEAD OF FAMILY - CONTINUED | | CARD 2 OF 2 | |
|----------------------------|--------------|-------------|------------|
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Samuel H | S | 2 | |
| | | | |
| + 1 B O | | | |
| | | | |
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FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15198-P61

| | | | | LOUISIANA | |
|-------------------------|-----|----------------|------|------------|-------|
| Q 202 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Linn's, George | | 86 | 16 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 55 | | | | |
| COUNTY | | | CITY | | |
| Rapides | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Laura | | W | 50 | | |
| Mary | | D | 30 | | |
| Ophelia | | S | 25 | | |
| George | | S | 18 | | |
| Lucy | | D | 3 | | |
| Augusta | | D | 9 | | |
| Alice | | S | 17 | | |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

RELATIONSHIP

AGE

BIRTHPLACE

Jackson, Edw. S.
Lewis, Arthur

5.4

2

6-5

2

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 18198-P01

LOUISIANA

| | | | |
|--|---|--|-------------------|
| NAME OF INDIVIDUAL
<i>George Lewis</i> | | E.D.
<i>102</i> | SHEET
<i>3</i> |
| COLOR
<i>mu</i> | AGE
<i>40</i> | BIRTHPLACE | |
| COUNTY
<i>Irebonne</i> | | CITY | |
| ENUMERATED WITH
<i>Nicholas Frank</i> | | | |
| RELATIONSHIP TO ABOVE | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> LABORER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16190-P61

| | | LOUISIANA | |
|-------------------------|--------------------------------|---------------------|----------------------|
| 200 | HEAD OF FAMILY
Lamar George | | E.D. 128
SHEET 19 |
| COLOR
B | AGE
30 | BIRTHPLACE
Miss. | |
| COUNTY
Tensas | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Washington Perry | N | 21 | Miss. |
| | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|------|------------|
| L 200 | HEAD OF FAMILY | | E.D. 114 |
| COLOR | | AGE | BIRTHPLACE |
| S | | 23 | Miss |
| COUNTY | | CITY | |
| Tangipahoa | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Emma | W | 22 | Miss |
| | | | |
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LOUISIANA

| | | | |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| L. Lewis | | 109 | 15 |
| COLOR | AGE | BIRTHPLACE | |
| W | 56 | | |
| COUNTY | Tangipahoa | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Leah | W | 54 | |
| Morris | S | 26 | |
| Oliver | S | 25 | |
| Ruby | D | 19 | |
| Amelia | S | 14 | |
| Geo. | S | 12 | |
| Emma | D | 11 | |

FORM 10-436 (4-20-34)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

[illegible]

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCDAW-DC 15190-P01

LOUISIANA

| | | | | |
|-------------------------|----------------|--------------|----------|------------|
| 0200 | HEAD OF FAMILY | | E.O. | SHEET |
| | Lewis George | | 84 | 1 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 46 | | | |
| COUNTY | Rapides | CITY | Acampate | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| Mildred | | W | 45 | |
| Mary | | D | 9 | |
| | | | | |
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FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|---------|---------------|-------|------------|----|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| 2200 | | Leurs, George | | 60 | 13 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 35 | Tipt | | | |
| COUNTY | | CITY | | | |
| Iberville | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Anna | W | 27 | | |
| Westley | William | SS | 8 | | |
| 1 | Rogers | SS | 6 | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|---------------|---|------|---|-----------------|
| L 200 | | NAME OF INDIVIDUAL <i>Louis George</i> | | E.D. <i>45</i> | SHEET <i>20</i> |
| COLOR <i>B</i> | AGE <i>18</i> | BIRTHPLACE | | | |
| COUNTY <i>Lafourche</i> | | | CITY | | |
| ENUMERATED WITH <i>Smith Washington</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) _____ | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16100-P61

LOUISIANA

| LOUISIANA | | | |
|-------------------------------------|---------------|-----------|------------|
| E.D. | SHEET | | |
| L200 | 69 8 | | |
| HEAD OF FAMILY <i>Lewis, George</i> | | | |
| COLOR <i>mu</i> | AGE <i>42</i> | | |
| BIRTHPLACE | | | |
| COUNTY <i>St. James</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Adelle</i> | <i>w</i> | <i>34</i> | |
| <i>Louise D</i> | <i>s</i> | <i>16</i> | |
| <i>Lawrence C</i> | <i>s</i> | <i>14</i> | |
| <i>Elmo W</i> | <i>s</i> | <i>12</i> | |
| <i>Edward D</i> | <i>s</i> | <i>10</i> | |
| <i>George H</i> | <i>s</i> | <i>9</i> | |
| <i>Frederick J</i> | <i>s</i> | <i>7</i> | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------------|--------------|-----|------------|
| 1 Sir Walter Scott | s | 5 | |
| | | | |
| | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15100-P01

| | | | LOUISIANA | |
|-------------------------|--------------|---------------|------------|---|
| HEAD OF FAMILY | | E.D. | SHEET | |
| 1202 | | Lewis, George | 90 | 2 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 38 | | | |
| COUNTY | | CITY | | |
| St. Helena | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Caroline | w | 28 | | |
| Eddie | s | 16 | | |
| Millie | s | 14 | | |
| Lucy | s | 12 | | |
| Leonard | s | 10 | | |
| Bernice | d | 8 | | |
| Livada | d | 6 | | |

FORM 10-436 (4-20-61)

1920 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
|------------------|--------------|-------|------------|
| / Stella | d | 4 | |
| / Oretta | d | 1 1/2 | |
| Franklin, Minnie | gm | 98 | |
| | | | |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | LOUISIANA | | |
|-------------------------|-----|----------------|-----------|------------|-------|
| L200 | | HEAD OF FAMILY | | E.O. | SHEET |
| B | | Louis, George | | 121 | 55 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 30 | | | | |
| COUNTY | | CITY | | | |
| St. Landry | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ida | | W | 26 | | |
| Sammy | | 5 | 6 | | |
| Johnnie | | 5 | 2 | | |
| Earl | | 5 | 1 | | |
| | | | | | |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|--|--|---|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Louis George</i> | | E.O.
<i>81</i> | SHEET
<i>21</i> |
| COLOR
<i>B</i> | AGE
<i>17</i> | BIRTHPLACE | | | |
| COUNTY
<i>Madison</i> | | CITY | | | |
| ENUMERATED WITH
<i>Black John</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-437 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

| LOUISIANA | | | |
|-------------------------|---------------|------------|------------|
| HEAD OF FAMILY | | E.D. | SHEET |
| Lewis George | | 79 | 3 |
| COLOR | AGE | BIRTHPLACE | |
| B | 23 | | |
| COUNTY | Pointe Coupee | | CITY |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Antoinette | w | 19 | |
| Columbus | S | 1 | |
| | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | |
|-------------------------|------------------------------------|--------------|----------------|----------------|
| L200 | HEAD OF FAMILY <i>Lewis George</i> | | E.D. <i>68</i> | SHEET <i>4</i> |
| COLOR <i>B</i> | AGE <i>53</i> | BIRTHPLACE | | |
| COUNTY <i>Lincoln</i> | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| | <i>Annie</i> | <i>W</i> | <i>45</i> | |
| | <i>Allen</i> | <i>S</i> | <i>23</i> | |
| | <i>Eddie</i> | <i>S</i> | <i>18</i> | |
| | <i>Thelie</i> | <i>S</i> | <i>15</i> | |
| | <i>George</i> | <i>S</i> | <i>13</i> | |
| | <i>Clint</i> | <i>S</i> | <i>11</i> | |
| | <i>Mary</i> | <i>D</i> | <i>8</i> | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|--|
| HEAD OF FAMILY | | E.D. | SHEET | |
| Lewis George | | 27 | 11 | |
| COLOR | AGE | BIRTHPLACE | | |
| MW | 30 | | | |
| COUNTY | | CITY | | |
| East Baton Rouge | | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Charity w | | 29 | | |
| Margaret d | | 10 | | |
| Lila d | | 8 | | |
| Georgie d | | 6 | | |
| Mollie d | | 4 | | |
| Rosa d | | 1 | | |
| Carter George | sf | 51 | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

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U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|---------------|-------------|------------|---|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| L 200 | | Keggs, George | | 15 | 1 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 43 | Italy | | | |
| COUNTY | | | CITY | | |
| East Baton Rouge | | | Baton Rouge | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Josephine | | W | 34 | Italy | |
| John | | S | 14 | | |
| Cecile | | D | 12 | | |
| Louise | | D | 7 | | |
| Jessie | | D | 7 | | |
| Anthony | | S | 4 | | |
| Francis | | D | 2 | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

[illegible]

FORM 10-434a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| | | | | LOUISIANA | |
|-------------------------|---|------------------|-----|-------------|-------|
| 2200 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Louis George | | 20 | 20 |
| COLOR | B | AGE | 25 | BIRTHPLACE | |
| COUNTY | | East Baton Rouge | | CITY | |
| | | | | Baton Rouge | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Louise | | W | 20 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|-------|
| L 200 | | HEAD OF FAMILY | | E.O. | SHEET |
| | | Lewis, George | | 41 | 12 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 55 | Ky | | | |
| COUNTY | | | CITY | | |
| East Feliciana | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Annie | W | 38 | | | |
| Jesse | S | 10 | | | |
| James | S | 8 | | | |
| Willie | S | 6 | | | |
| Annie | D | 5 | | | |
| Henri | S | 4 | | | |
| John | S | 7/12 | | | |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

USCOMM-DC 15108-P41

LOUISIANA

| | | | | |
|------------------------------|------------------------------------|------------------------|----------------|-----------------|
| L 200 | HEAD OF FAMILY <i>Lewis George</i> | | E.D. <i>44</i> | SHEET <i>11</i> |
| COLOR <i>W</i> | AGE <i>55</i> | BIRTHPLACE <i>Miss</i> | | |
| COUNTY <i>East Feliciana</i> | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Batay</i> | | <i>W</i> | <i>50</i> | <i>Miss</i> |
| <i>Celia</i> | | <i>D</i> | <i>18</i> | |
| <i>George A.</i> | | <i>S</i> | <i>11</i> | |
| <i>Minnie</i> | | <i>D</i> | <i>9</i> | |
| <i>Frederic</i> | | <i>S</i> | <i>7</i> | |
| <i>Oscar</i> | | <i>Ad S</i> | <i>12</i> | |
| | | | | |

FORM 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>Prop</i> | NAME OF INDIVIDUAL
<i>Lee George</i> | | E.D.
<i>15</i> | SHEET
<i>8</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>44</i> | BIRTHPLACE
<i>Va.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Baton Rouge</i> | | CITY
<i>Baton Rouge</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>William Maggie E.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 18100-P-61

| | | | | | |
|-------------------------|--|----------------|---------------|------------|------------|
| L-200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. SHEET |
| B | | 55 | Lewis, George | | 40 7 |
| COUNTY | | | CITY | | |
| East Feliciana | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 - Stanley | | w | 37 | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|---------------------|------------------|
| L 200 | HEAD OF FAMILY | | E.O. 5- SHEET 24 |
| COLOR B | AGE 36 | BIRTHPLACE | |
| COUNTY | Ascension | CITY Donaldsonville | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Turner, Hanna | Wife | 40 | |
| | | | |
| | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | |
|-------------------------|--------------------------------|------------------|
| 2200 | HEAD OF FAMILY
Lewis George | E.D. 36 SHEET 38 |
| COLOR
B | AGE
40 | BIRTHPLACE |
| COUNTY
Calcasieu | CITY
Lake Charles | |
| OTHER MEMBERS OF FAMILY | | |
| NAME | RELATIONSHIP | AGE |
| Mary | W | 34 |
| Shelven | S | 11 |
| Mack | S | 7 |
| Beatrice | D | 6 |
| Kiddie | S | 15 |
| Norma | | |
| London | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | LOUISIANA | |
|-------------------------|----------------|------------|------------|
| L 200 | HEAD OF FAMILY | E.O. | SHEET |
| | Louis George | 40 | 6 |
| COLOR B | AGE | BIRTHPLACE | |
| | 22 | | |
| COUNTY | Calcasieu | CITY | |
| | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Joe Hanna | W | 19 | |
| Jack | S | 12 | |
| | | | |
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| | | | | LOUISIANA | |
|----------------------------|--------------------------------------|------------------------------|-----------------------------|-------------------|--------------------|
| L 200 | HEAD OF FAMILY
<i>Lack George</i> | | | E.O.
<i>37</i> | SHEET
<i>15</i> |
| COLOR
<i>W</i> | AGE
<i>70</i> | BIRTHPLACE
<i>England</i> | | | |
| COUNTY
<i>Calcasieu</i> | | | CITY
<i>Lake Charles</i> | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Ellen</i> | | <i>w</i> | <i>61</i> | | |
| <i>Selma</i> | | <i>gcl</i> | <i>11</i> | | |
| <i>Jessen Rosalie</i> | | <i>ni</i> | <i>19</i> | | |
| <i>Knight L</i> | | <i>sr</i> | <i>73</i> | <i>England</i> | |
| <i>Brown B</i> | | <i>si</i> | <i>87</i> | <i>Germany</i> | |
| <i>Aubert L</i> | | <i>ni</i> | <i>23</i> | | |
| | | | | | |

| | | | LOUISIANA | | |
|-------------------------|-----|----------------|-----------|------------|-------|
| L200 | | HEAD OF FAMILY | | E.D. | SHEET |
| Facy, George | | | | 53 | 17 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 29 | Tex | | | |
| COUNTY | | | CITY | | |
| Caddo | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lucile | | W | 23 | | |
| Percy | | S | 13 | | |
| | | | | | |
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|-------------------------|---|----------------|------|------------|-----|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | B | AGE | 40 | BIRTHPLACE | Ark |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Archie | | s | 16 | | |
| Esie | | s | 10 | | |
| Missouri | | d | 13 | | |
| Dorothy Viola | | d | 18 | | |
| Leann | | gd | 5/12 | | |
| Hendrickson Taylor | | nm | 85 | Unknown | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| P 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis George | | E. D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 23 | | | | |
| COUNTY | | | CITY | | |
| Concordia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Theresa | | W | 19 | | |
| Brower, Laura | | D | 5 | | |
| Laura | | D | 3 | | |
| Eddie | | S | 2 | | |
| Eunice | | D | 3/12 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|-----|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLORED | | AGE | | E.D. | SHEET |
| mu | | 58 | | 23 | 6 |
| BIRTHPLACE | | arb | | | |
| COUNTY | | Clai borne | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mandy | | W | 57 | . | |
| George F | | ads | 13 | | |
| Evel | | ads | 7 | | |
| Sallie | | add | 6 | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | |
|-------------------------|--|-----|------------|
| LOUISIANA | | | |
| L 200
COLOR B | HEAD OF FAMILY
Lewis, George
AGE 68
BIRTHPLACE Georgia
COUNTY Clai borne
CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 James | W | 61 | Georgia |
| Hathorn, Attie | G-S | 11 | |
| Norton, James | G-S | 8 | |
| Bryant, Gus | G-S | 5 | |
| | | | |
| | | | |
| | | | |

FORM 18-636 (4-20-61)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| L-200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 32 | | 2 | 13 |
| COUNTY | | Acadia | | CITY | |
| | | Acadia | | Rayne | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| and Unrelated Person | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|---|---|--------|--|-----------------|
| 2900 | | NAME OF INDIVIDUAL ? | | LOUISIANA | |
| COLOR | B | AGE | 1 3/12 | BIRTHPLACE | E.D. 12 SHEET 8 |
| COUNTY | | Iberia | | CITY | |
| ENUMERATED WITH | | | | | |
| Lewis Leon | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18180-P61

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| P200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.O. | SHEET |
| Mex | | 24 | | 12 | 8 |
| COUNTY | | | CITY | | |
| Iberia | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Julia | | w | 28 | | |
| Alfred | | s | 7/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 10-636 (6-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Louis | | George | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 54 | | | | |
| COUNTY | | Iberia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Philounie | | W | 54 | | |
| Ella | | D | 20 | | |
| Essie | | S | 18 | | |
| Possilla | | D | 16 | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-------|
| 0.200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis George | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 69 | Italy | | | |
| COUNTY | St. Mary | | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mary | W | 56 | Italy | |
| | Joseph | D | 22 | Italy | |
| | Lee | S | 18 | Italy | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|--|------|--|--------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis George</i> | | E.O.
<i>88</i> | SHEET
<i>22</i> |
| COLOR
<i>B</i> | AGE
<i>37</i> | BIRTHPLACE | | | |
| COUNTY
<i>St. Mary</i> | | | CITY | | |
| ENUMERATED WITH
<i>Robertson, Annie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input checked="" type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910S-P61

| | | | | | |
|---|--|---|------------|--|--------------------|
| 1200 | | NAME OF INDIVIDUAL
<i>Lewis George</i> | | LOUISIANA | |
| COLOR
<i>B</i> | | AGE
<i>5</i> | BIRTHPLACE | E.D.
<i>88</i> | SHEET
<i>22</i> |
| COUNTY
<i>St. Mary</i> | | | CITY | | |
| ENUMERATED WITH
<i>Robertson Annie</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input checked="" type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-43 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-NC 1910-P01

| | | | | | | | |
|--|---|----------------|----|---------------|-----|------------|-------|
| 200 | | HEAD OF FAMILY | | Louis, George | | LOUISIANA | |
| COLOR | B | AGE | 38 | BIRTHPLACE | | E.D. | SHEET |
| | | | | | | 84 | 9 |
| COUNTY | | | | CITY | | | |
| <div>Q. MARY</div> OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mamie | | | | W | 39 | | |
| Washington | | | | S | 15 | | |
| Upton | | | | S | 13 | | |
| Rachael | | | | D | 9 | | |
| Gaussa | | | | D | 6 | | |
| George Jr | | | | S | 2 | | |
| | | | | | | | |

| | | | | | |
|-------------------------|--|----------------|------------|------------|-------|
| C200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| B | | 35 | | 69 | 2 |
| COUNTY | | | CITY | | |
| St. James | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1. Frances | | W | 37 | | |
| | | | | | |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lucky George | | E.D. | | SHEET | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | AGE | BIRTHPLACE | | 99 | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red River | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bill Robert W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PAYIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PAYIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PAYIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18120-P01

| | | | | | |
|-------------------------|-----------------|----------------|-----|------------|-------|
| | | HEAD OF FAMILY | | LOUISIANA | |
| 200 | COLON | Lewis George | | E.D. | SHEET |
| B | AGE | 62 | | 153 | 22 |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Patten | w | 56 | | |
| | Allie | d | 16 | | |
| | Adell | d | 19 | | |
| | John | s | 18 | | |
| | Rosa | d | 21 | | |
| | Nantchet Sidney | gs | 20 | | |
| | Brown, Henry | gs | 25 | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|------|-----------|-----|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | W | AGE | 40 | E.O. | 153 |
| | | BIRTHPLACE | | SHEET | 24 |
| COUNTY | | | CITY | | |
| St. Landry | | | | | |
| ENUMERATED WITH | | | | | |
| Franklin, Joseph | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | he | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| | | | | | |
|--|------------------|--|-------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Luke George G</i> | | LOUISIANA | |
| COLOR
<i>W</i> | AGE
<i>14</i> | BIRTHPLACE | E.D.
<i>91</i> | SHEET
<i>7</i> | |
| COUNTY
<i>St. Mary</i> | | | CITY | | |
| ENUMERATED WITH
<i>Luke Gilbert W</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input checked="" type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

| LOUISIANA | | | | |
|-------------------------|--------------|----------------|------------|-------|
| L-200 | | HEAD OF FAMILY | E.D. | SHEET |
| Lucey, George A. | | | 128 | 6 |
| COLOR | AGE | BIRTHPLACE | | |
| W | 67 | Penn | | |
| COUNTY | Washington | CITY | Franklin | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Sophie B | W | 50 | at sea. | |
| George Jr | S | 16 | | |
| | | | | |
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FORM 16-436 (4-26-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | |
|-------------------------|---|----------------|-----|----------------|--|-----------|--|
| L-200 | | HEAD OF FAMILY | | Louis George B | | LOUISIANA | |
| COLOR | W | AGE | 31 | BIRTHPLACE | | | |
| COUNTY | | West Carroll | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | | | |
| Julia | | W | 25 | | | | |
| Lillian | | D | 7 | | | | |
| Nettie | | D | 5 | | | | |
| Julia M. | | D | 3 | | | | |
| Baby | | S | 3/2 | | | | |
| | | | | | | | |
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FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>L200</i> | NAME OF INDIVIDUAL
<i>Lessieu George B Jr</i> | | E.D.
<i>10</i> | SHEET
<i>15</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>32</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Ascension</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Wife Mary</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

| | | | | | |
|-------------------------|---------|----------------|-----|--------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis George C. | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 57 | | | | |
| COUNTY | | Winn | | CITY Atlanta | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Mary C. | W | 57 | Ga | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------------------|-------------|-------|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | George E | | E.O. | SHEET |
| COLOR | B | AGE | 39 | BIRTHPLACE | |
| COUNTY | | | East Baton Rouge | CITY | |
| | | | | Baton Rouge | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living Alone | | | | | |
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FORM 10-636 (4-20-01)
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| 2200 | NAME OF INDIVIDUAL
<i>Lewis George F.</i> | | E.D.
<i>23</i> | SHEET
<i>6</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLORED
<i>mu</i> | AGE
<i>13</i> | BIRTHPLACE
<i>Chal borne</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lewis George</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>ad 5</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ad 5</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ad 5</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| | | | | LOUISIANA | |
|-------------------------|-----|----------------|-----|--------------|--|
| L200 | | HEAD OF FAMILY | | E.O. | |
| Lewis George F | | | | 25 | |
| SHEET | | | | 29 | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 23 | Texas | | | |
| COUNTY | | Calcasieu | | CITY | |
| | | | | Lake Charles | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Viola | | W | 22 | | |
| 4 One boarder | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-536 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|-----|--------------|-------|------------|--|
| HEAD OF FAMILY | | E.O. | SHEET | | |
| Leach, George H | | 146 | 20 | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 47 | | | | |
| COUNTY | | CITY | | | |
| Vernon | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mary Elizabeth | | W | 37 | | |
| Fraser | | S | 17 | | |
| Clarence | | S | 15 | | |
| Clayton | | S | 13 | | |
| Dennis | | S | 10 | | |
| Dorothy | | S | 7 | | |
| Alice | | D | 5 | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------------|-------------------|----------|------------|
| / <i>Elena</i> | <i>S</i> | <i>3</i> | |
| <i>Hayle</i> | <i>D</i> | <i>1</i> | |
| | | | |
| | | | |
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FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 15100-P61

| | | | | | |
|-------------------------|-----|------------------|-----|------------|--|
| 8200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis George J | | E.O. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 68 | | | | |
| COUNTY | | West Baton Rouge | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| George J Jr | | S | 42 | | |
| Virginia | | 18 | 18 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lucky George L | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 32 | | | | |
| COUNTY | | | CITY | | |
| Jackson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Lily | | W | 34 | | |
| Mary | | S | 9 | | |
| Char. B. | | S | 8 | Japan | |
| Mary J. | | D | 4 | | |
| Paul D. | | S | 2 | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|------|------------|---------------|
| 1200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | 2 | AGE | 29 | BIRTHPLACE | Lacy George M |
| COUNTY | | Calcasieu | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Isabel | | w | 24 | | |
| Albert | | s | 3 | | |
| Mabel | | d | 2/12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| C200 | NAME OF INDIVIDUAL
Leach, Geo. H. |
| E.O.
103 | SHEET
12 |
| COLOR
W | AGE
29 |
| BIRTHPLACE | |
| COUNTY
Sabine | CITY |
| ENUMERATED WITH
Miller, John | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHER
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P01

| | | | | | |
|-------------------------|------------|----------------|------------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 28 | | 121 | 4 |
| COUNTY | | | CITY | | |
| Webster | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Mamie | W | 21 | | |
| | Plellist M | D | 2 | | |
| | Marshall L | S | 1 7/2 | | |
| | Jasper M | F | 76 | La. | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lucky | | Geo. O. | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | 5 | 1 |
| W | 50 | | | | |
| COUNTY | | CITY | | | |
| Bianville | | Bianville | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Kate C | | W | 40 | | |
| Fred A | | S | 21 | | |
| George W | | S | 15 | | |
| Elsie L | | S | 12 | | |
| Clavin W | | S | 10 | | |
| Leona Lucile | | S | 10 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|--|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| Teach George 7 | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 44 | | | | |
| COUNTY | | Natchitoches | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| James H | | W | 38 | | |
| Harry S | | S | 19 | | |
| Theresa U | | S | 17 | | |
| William G | | S | 13 | | |
| George E | | S | 9 | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L-200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | George W | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 53 | | | | |
| COUNTY | | Webster | | CITY | |
| | | | | Minden | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Mandy | | W | 45 | | |
| Brown, H. L. | | SS | 21 | | |
| Lester | | D | 25 | | |
| Annie | | SS | 6 | | |
| Leroy | | GS | 8 | | |
| Amy | | GS | 3 | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|-----|---|--|---|-------|
| L-200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Lewie | | George W | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 49 | | | | |
| COUNTY | | Webster | | CITY | |
| ENUMERATED WITH | | Turner June | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
La | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 18196-P61

| | |
|-------------------------|-----------------------------|
| LOUISIANA | |
| L200 | HEAD OF FAMILY |
| LEWIS GEORGE W | E.D. 78 SHEET 15 |
| COLOR | AGE BIRTHPLACE |
| W | 55 La |
| COUNTY | CITY |
| Lincoln | |
| OTHER MEMBERS OF FAMILY | |
| NAME | RELATIONSHIP AGE BIRTHPLACE |
| Lena | W 35 La |
| Infant | 3 14 La |
| Charles | 5 11 |
| Rose | 0 13 |
| Grady | 5 7 |
| Bessie | 0 6 |
| Blond | 5 3 |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

WISCONSIN 1970-71

| | | | | | |
|-------------------------|----------|----------------|-----|------------|-------|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | AGE | NAME | | E.D. | SHEET |
| W | 38 | Jacy George W | | 41 | 2 |
| COUNTY | | CITY | | | |
| Calcasieu | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Calie M. | W | 31 | | |
| | Calie | D | 12 | | |
| | Erma | S | 10 | | |
| | Ernie | S | 8 | | |
| | Julma | D | 6 | | |
| | Bernie | D | 3 | | |
| | James M. | F | 73 | Miss | |

Form 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|----------------|-------------------|-----|------------|
| 1 Torliche | M | 69 | |
| Broussard Huey | S L | 24 | |
| | | | |
| | | | |
| | | | |
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| | | | |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 16198-P-61

LOUISIANA

| | | | | | |
|-------------------------|----------------|--------------|-----------------|------------|-------|
| L200 | HEAD OF FAMILY | | Loche, George W | E.O. | SHEET |
| | | | | 97 | 1 |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 54 | Pa. | | | |
| COUNTY | | | CITY | | |
| St. Mary | | | Morgan City | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Mary | W | 33 | Pa | |
| | | | | | |
| | | | | | |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|---|----------|---|-----------------|---|------------|
| L 100 | | NAME OF INDIVIDUAL
Lewis Georgia | | E.O.
79 | SHEET
3 |
| COLOR
B | AGE
5 | BIRTHPLACE | | | |
| COUNTY | | | CITY
Lincoln | | |
| ENUMERATED WITH
Lewis Mc Lane Lynn | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 16106-P61

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-----------------------|----------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| <i>L 200</i>
COLOR <i>B</i> | | NAME OF INDIVIDUAL <i>Laws Georgia</i> | | E.O. <i>92</i> | SHEET <i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | AGE <i>32</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY <i>Morehouse</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Mc Gee Will</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18196-P61

LOUISIANA

| | | | | |
|--|---|--|-------------------|-------------------|
| <i>Lewis</i> | NAME OF INDIVIDUAL
<i>Lewis, Georgia</i> | | E.O.
<i>79</i> | SHEET
<i>1</i> |
| COLOR
<i>B</i> | AGE
<i>20</i> | BIRTHPLACE | | |
| COUNTY
<i>Natchitoches</i> | | CITY | | |
| ENUMERATED WITH
<i>Robinson, Rachel</i> | | | | |
| RELATIONSHIP TO ABOVE | | | | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

| | | | | | |
|---|--|---|--|--|-------|
| 200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.D. | SHEET |
| B | | 12 | | 40 | 16 |
| BIRTHPLACE | | | | | |
| COUNTY | | CITY | | | |
| East Carroll | | | | | |
| ENUMERATED WITH | | | | | |
| Chairman Samuel | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | AGE | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | 14 | | 44 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE | | Alabama | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| East Carroll | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lanay Robert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Li</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Li | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Li | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2204 | | NAME OF INDIVIDUAL
<i>Lewis Georgia</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>4</i> | BIRTHPLACE | | E.D.
<i>16</i> | SHEET
<i>12</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Clai borne</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Prosley Jim</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15195-P61

| | | | | | |
|-------------------------|--|----------------|---------------|------------|------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | | E.D. |
| B | | 35 | Lewis Georgia | | 7 |
| COUNTY | | | CITY | | |
| Assumption | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Living | | Alone | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----|----------------|------|------------|--|
| 2200 | | HEAD OF FAMILY | | LOUISIANA | |
| Lewis | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | 137 17 | |
| B | 57 | Va | | | |
| COUNTY | | | CITY | | |
| West Baton Rouge | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Joseph | | 5 | 36 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | |
|--|---|
| LOUISIANA | |
| NAME OF INDIVIDUAL
<i>Lewis, George</i> | E.D. <i>47</i> SHEET <i>3</i> |
| COLOR <i>W</i> | AGE <i>22</i> BIRTHPLACE <i>Tex</i> |
| COUNTY <i>Calcasieu</i> | CITY |
| ENUMERATED WITH <i>(N.R.)</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Lo</i> | |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18196-P01

| | | | | | |
|-------------------------|-----|----------------|------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Luis George | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 27 | | | | |
| COUNTY | | | CITY | | |
| Red River | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Luis | | D | 14 | | |
| Luzan Tibbora | | 5 | 6 | | |
| Carnell Pinkie | | 51 | 29 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|--|--|---|--|---|-------|
| 6200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | | E.O. | SHEET |
| B | | 5 | | 72 | 9 |
| BIRTHPLACE | | COUNTY | | | |
| | | St. James | | | |
| CITY | | | | | |
| ENUMERATED WITH | | | | | |
| Willis Joseway | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SD | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

| | |
|--|---|
| LOUISIANA | |
| NAME OF INDIVIDUAL
<i>L. 200</i> | E.D.
<i>91</i> |
| COLOR
<i>B</i> | SHEET
<i>2</i> |
| AGE
<i>22</i> | BIRTHPLACE |
| COUNTY
<i>Red River</i> | CITY |
| ENUMERATED WITH
<i>Shannon, Jane</i> | |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>D</i> | |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18196-P01

LOUISIANA

| | | | | | | | |
|--|---|---|-------|---|--|------|-------|
| 2302 | | NAME OF INDIVIDUAL | | Lewis, Gertrude | | E.D. | SHEET |
| COLOR | W | AGE | 76 | BIRTHPLACE | | | |
| COUNTY | | | Grant | CITY | | | |
| ENUMERATED WITH | | | | | | | |
| P. rankley, M. A. | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | | | |

FORM 16-637 (4-28-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| LOUISIANA | | | |
|----------------------------|--|-------------------|--------------------|
| L 200 | HEAD OF FAMILY
<i>Lake Gertrude</i> | E.D.
<i>38</i> | SHEET
<i>38</i> |
| COLOR
<i>W</i> | AGE
<i>37</i> | BIRTHPLACE | |
| COUNTY
<i>Lafourche</i> | CITY
<i>Thibodaux</i> | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>1 Julia M.</i> | <i>D</i> | <i>16</i> | |
| | | | |
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FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|---|--|---|------------|--|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| COLOR | | AGE | BIRTHPLACE | E.D. | SHEET |
| W | | 9 | | 107 | 11 |
| COUNTY | | | CITY | | |
| Ouachita | | | | | |
| ENUMERATED WITH | | | | | |
| Isanton Williams | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input checked="" type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18193-P01

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| <i>L 200</i> | NAME OF INDIVIDUAL - <i>Lewis, Gertrude</i> | | E.D. <i>71</i> | SHEET <i>8</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR <i>B</i> | AGE <i>10 1/2</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY <i>Soto</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH <i>Edwards, Lucie</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>D</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC1044-DC 1910-PS1

| | | | | | |
|--|--|---|--|---|--|
| L 200
COLOR B | | NAME OF INDIVIDUAL
Louis Gertrude | | LOUISIANA
E.D. 69 SHEET 26 | |
| AGE
15 | | BIRTHPLACE | | | |
| COUNTY
De Soto | | CITY | | | |
| ENUMERATED WITH
Baldwin Rous | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
SD | |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOM-DC 10100-P-01

| | |
|--|--|
| LOUISIANA | |
| L200 | NAME OF INDIVIDUAL Lewis, Gertrude 71 |
| E.D. 3 | SHEET 3 |
| COLOR B | AGE 6 |
| BIRTHPLACE | |
| COUNTY De Soto | CITY |
| ENUMERATED WITH | Martin, Monroe |
| RELATIONSHIP TO ABOVE | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> WIFE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify) | LD |

FORM 16-537 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 1910-PS1

| | | | | | |
|--|------------------|--|--|--|-------------------|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis Gertrude</i> | | E.D.
<i>78</i> | SHEET
<i>2</i> |
| COLOR
<i>B</i> | AGE
<i>20</i> | BIRTHPLACE | | | |
| COUNTY
<i>Rapides</i> | | CITY
<i>Alexandria</i> | | | |
| ENUMERATED WITH
<i>Groove, Sonny</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input checked="" type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P01

| | | | | | | | |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| 8200 | | HEAD OF FAMILY | | Louis Hilbert | | LOUISIANA | |
| COLOR | | AGE | | BIRTHPLACE | | E.D. | |
| W | | 55 | | | | 104 3 | |
| COUNTY | | | | Terrebonne | | CITY | |
| | | | | | | Houma | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | | | RELATIONSHIP | | AGE | |
| | | | | | | BIRTHPLACE | |
| 1 Louisiana | | | | W | | 49 | |
| Barret Emile | | | | SL | | 34 | |
| Cecilia | | | | D | | 32 | |
| Herman | | | | GS | | 3/4 | |
| Lillian | | | | GD | | 6 | |
| Evelina | | | | GD | | 3 | |
| Luke Ernest | | | | S | | 26 | |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME | RELATION-
SHIP | AGE | BIRTHPLACE |
|------------|-------------------|-----|------------|
| Edward | S | 16 | |
| Hibert Jr. | S | 14 | |
| Calvin | S | 4 | |
| Albion | D | 20 | |
| Lazie | D | 12 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

| | | | | | |
|-------------------------|------------|----------------|-----|------------|--|
| 2200 | | HEAD OF FAMILY | | LUISIANA | |
| Lucker, Gilbert H | | E.O. | | SHEET | |
| 91 | | 7 | | | |
| COLOR | W | AGE | 45 | BIRTHPLACE | |
| COUNTY | St. Mary | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Harriet J. | H | 41 | | |
| | Jennie M | W | 16 | | |
| | George A | N | 14 | | |
| | John B | F | 94 | | |
| | | | | | |
| | | | | | |
| | | | | | |

| HEAD OF FAMILY
<i>Levee</i> <i>Sinnie J.</i> | | LOUISIANA
E.D. <i>56</i> SHEET <i>1</i> | |
|---|------------------|--|------------|
| COLOR
<i>W</i> | AGE
<i>23</i> | BIRTHPLACE | |
| COUNTY
<i>Jackson</i> | | CITY | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Viola</i> | <i>D</i> | <i>6</i> | |
| <i>John W</i> | <i>S</i> | <i>4</i> | |
| <i>Mary</i> | <i>O</i> | <i>3</i> | |
| <i>Leroy</i> | <i>S</i> | <i>1</i> | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|------------|---------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leckey | | Gusod | | E.D. | SHEET | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | W | AGE | 28 | BIRTHPLACE | Rapides | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enumerated with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gusod Lewis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&G-DC 1910-P61

LOUISIANA

| | | | | | |
|--|-----|--|--|--|-------|
| L-200 | | NAME OF INDIVIDUAL | | E.D. | SHEET |
| | | Lewis, Gladys | | 120 | 2 |
| COLOR | AGE | BIRTHPLACE | | | |
| mn | 5 | | | | |
| COUNTY | | Webster | | CITY | |
| | | | | Minden | |
| ENUMERATED WITH | | | | | |
| Rhone, Wesley | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input checked="" type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 10-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

U.S. GOVERNMENT PRINTING OFFICE: 1910

| | | | | | |
|--|-----------|---|------|--|--|
| <i>200</i> | | NAME OF INDIVIDUAL | | LOUISIANA | |
| <i>Lewis, Gleason</i> | | E.D. | | SHEET | |
| COLOR | AGE | BIRTHPLACE | | | |
| <i>NR</i> | <i>NR</i> | <i>US</i> | | | |
| COUNTY | | | CITY | | |
| <i>Irebonne</i> | | | | | |
| ENUMERATED WITH | | | | | |
| <i>Young, William</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WOMEN
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 18-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 6200 | | NAME OF INDIVIDUAL
<i>Lac Glussen</i> | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>50</i> | BIRTHPLACE | | E.D.
<i>92</i> | SHEET
<i>16</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>St. Mary</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Blackman Barren</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P01

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| | | LOUISIANA | | | | | | | | | | | | | | | | | | | | | | | | | |
| L200 | NAME OF INDIVIDUAL
<i>Lincoln</i> | | E.D.
70 | | | | | | | | | | | | | | | | | | | | | | | | |
| | SHEET
4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
5 | AGE
26 | BIRTHPLACE
<i>La.</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Lincoln</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Wright, J. A.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCOMB-DC 16190-P61

| | | | | | |
|--|---|---|------|---|-------|
| 2200 | | NAME OF INDIVIDUAL | | LOUISIANA | |
| Louis | | Harden | | E.O. | SHEET |
| COLOR | W | AGE | 25 | 132 | 15 |
| COUNTY | | | CITY | | |
| Win | | | | | |
| ENUMERATED WITH | | | | | |
| Roberta William E | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> WORKER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify) | |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC016M-DC 1910-P61

| | | | |
|-------------------------|--------------|------------|------------|
| | | LOUISIANA | |
| HEAD OF FAMILY | | E.D. | SHEET |
| Lecho Gasio | | 106 | 12 |
| COLOR | AGE | BIRTHPLACE | |
| Wm | 35 | Phillips | |
| COUNTY | CITY | | |
| Terrebonne | | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| Victorine | W | 32 | |
| Leite | D | 13 | |
| Francis | S | 11 | |
| Harrison | D | 8 | |
| Joseph | S | 4 | |
| Pauline | S | 1 1/2 | |
| 113 | | | |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|-----------|----------------|-----|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lomis, Elant | | E.D. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 27 | | | | |
| COUNTY | | Acadia | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| / | ELIZABETH | W | 44 | | |
| | WILSON | S | 9 | | |
| ALLEN, | ETHA | Da | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | | |
|-------------------------|---|----------------|---------|------------|-------|
| L200 | | HEAD OF FAMILY | | LOUISIANA | |
| | | Lewis Green | | E.D. | SHEET |
| COLOR | B | AGE | 24 | 79 | 4 |
| | | BIRTHPLACE | | | |
| COUNTY | | | Lincoln | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Ella | | w | 34 | | |
| Ben | | S | 12 | | |
| Picola | | D | 11 | | |
| Cora | | D | 9 | | |
| Laudella | | D | 7 | | |
| Bessie | | D | 5 | | |
| Ada | | D | 3 | | |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

[illegible]

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

USCONM-DC 15100-P01

| LOUISIANA | | | |
|-------------------------------|--------------------------------------|-----------|------------|
| L200 | HEAD OF FAMILY
<i>Lewis Green</i> | | |
| E.D. 42 | SHEET 23 | | |
| COLOR <i>B</i> | AGE <i>45</i> BIRTHPLACE <i>Ala.</i> | | |
| COUNTY
<i>East Carroll</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Ann</i> | <i>W</i> | <i>46</i> | <i>Ala</i> |
| <i>Knolls</i> | <i>S</i> | <i>22</i> | <i>Ala</i> |
| <i>Virginia</i> | <i>D</i> | <i>17</i> | |
| <i>Nelson</i> | <i>G S</i> | <i>12</i> | |
| | | | |
| | | | |
| | | | |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| L 200 | | NAME OF INDIVIDUAL
<i>Lewis Lunn</i> | | E.D.
<i>44</i> | SHEET
<i>11</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>17</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>East Carroll</i> | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Henry Farnes</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 15199-P61

| | | | LOUISIANA | |
|-------------------------|-----|--------------|-----------|------------|
| HEAD OF FAMILY | | | E.D. | SHEET |
| L 200 Lewis, Sam | | | 11 | 2 |
| COLOR | AGE | BIRTHPLACE | | |
| Mo | 25 | | | |
| COUNTY | | CITY | | |
| Bossier | | Saline | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Annie | | W | 23 | |
| Lawrence | | S | 1 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM 10-435 (4-20-11)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | LOUISIANA | |
|-------------------------|------------------|--------------|-------------|--|
| HEAD OF FAMILY | E.D. | SHEET | | |
| <i>R 200</i> | <i>44</i> | <i>22</i> | | |
| COLOR | AGE | BIRTHPLACE | | |
| <i>W</i> | <i>28</i> | <i>Texas</i> | | |
| COUNTY | CITY | | | |
| <i>Calcasieu</i> | <i>Ludington</i> | | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| <i>Viola</i> | <i>W</i> | <i>22</i> | <i>Ariz</i> | |
| <i>Estes</i> | <i>S</i> | <i>3</i> | | |
| <i>Irving</i> | <i>S</i> | <i>1.2</i> | | |
| | | | | |
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Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|-------------------------|---------|--------------------------|-------|------------|---------|
| 1200 | | HEAD OF FAMILY Lewis Gus | | E.D. 137 | SHEET 2 |
| COLOR B | AGE 33 | BIRTHPLACE | | | |
| COUNTY Union | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| | NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| | Lula | W | 32 | | |
| | Lone | S | 13 | | |
| | John D. | S | 11 | | |
| | Ben | S | 7 | | |
| | Bernard | S | 5 | | |
| | Berthel | D | 1 1/2 | | |
| | | | | | |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| LOUISIANA | | | |
|-------------------------|----------------|------------|------------|
| L200 | HEAD OF FAMILY | | E.O. 98 |
| COLOR | AGE | BIRTHPLACE | |
| 12 | 20 | | |
| COUNTY | CITY | | |
| St. Tammany | Mandeville | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE |
| 1. [illegible] | w | 20 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 10-436 (4-20-01)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| HEAD OF FAMILY | | | LOUISIANA | |
|-------------------------|--------------|------------|------------|-------|
| | | | E.O. | SHEET |
| 200 Luis | | | 87 | 22 |
| COLOR | AGE | BIRTHPLACE | | |
| B | 40 | | | |
| COUNTY | | CITY | | |
| Wichita | | es | | |
| OTHER MEMBERS OF FAMILY | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | |
| Kathal | W | 40 | | |
| Luis | S | 10 | | |
| Herbaway | S | 9 | | |
| Georg L | S | 4 | | |
| Merian | S | 3 | | |
| Russell | S | 2 | | |
| | | | | |

FORM 10-436 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|------|--|-------------------|
| L 200 | | NAME OF INDIVIDUAL
<i>Lock Lucie</i> | | E.D.
<i>12</i> | SHEET
<i>9</i> |
| COLOR
<i>B</i> | AGE
<i>32</i> | BIRTHPLACE | | | |
| COUNTY | | | CITY | | |
| ENUMERATED WITH
<i>Hines Clara</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input checked="" type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input type="checkbox"/> OTHER (Specify)
<hr/> | |

FORM 10-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

| LOUISIANA | | | |
|-------------------------|-----------------------------------|--------------|--------------------------------|
| <i>L-200</i> | HEAD OF FAMILY <i>Lewis Gusie</i> | | E.D. <i>71</i> SHEET <i>15</i> |
| COLOR <i>B</i> | AGE <i>30</i> | BIRTHPLACE | |
| COUNTY <i>Lincoln</i> | CITY | | |
| OTHER MEMBERS OF FAMILY | | | |
| NAME | | RELATIONSHIP | AGE |
| <i>Coverline</i> | | <i>W</i> | <i>27</i> |
| <i>Laforsier</i> | | <i>D</i> | <i>7</i> |
| <i>Garfield</i> | | <i>S</i> | <i>5</i> |
| <i>Lynn B</i> | | <i>D</i> | <i>3</i> |
| | | | |
| | | | |
| | | | |
| | | | |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|----------|--------------|------|------------|--|
| HEAD OF FAMILY | | | E.D. | SHEET | |
| Lewis Sims | | | 56 | 5 | |
| COLOR | AGE | BIRTHPLACE | | | |
| Wm | 65 | ala | | | |
| COUNTY | | | CITY | | |
| Jackson | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 | Rosa | W | 60 | NC | |
| 1 | girl man | | | | |
| 1 | " woman | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>L200</i> | | NAME OF INDIVIDUAL
<i>Louis Guas</i> | | E.O.
<i>80</i> | SHEET
<i>5</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>B</i> | AGE
<i>22</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>Natchitoches</i> | | CITY
<i>Natchitoches</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Lightfoot Heater</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P61

LOUISIANA

| | | | | | | | |
|--|-----|---|---------|--|------|------|-------|
| L 200 | | NAME OF INDIVIDUAL | | Lewis Quasi Lee | | E.O. | SHEET |
| 19 | | 20 | | | | | |
| COLOR | AGE | BIRTHPLACE | | | | | |
| mul | 10 | | | | | | |
| COUNTY | | | Bossier | | CITY | | |
| ENUMERATED WITH | | | | | | | |
| Brown Lucy | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
D | | | |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P-01

LOUISIANA

| | | | | | | | |
|-------------------------|-------|----------------|----|---------------|--|------------|-------|
| L200 | | HEAD OF FAMILY | | Louis Gustave | | E.O. | SHEET |
| 58 | | 3 | | | | | |
| COLOR | 6 | AGE | 27 | BIRTHPLACE | | | |
| COUNTY | Houma | | | CITY | | | |
| OTHER MEMBERS OF FAMILY | | | | | | | |
| NAME | | RELATIONSHIP | | AGE | | BIRTHPLACE | |
| 1 Caline | | W | | 32 | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | | | LOUISIANA | |
|-------------------------|--------------|----------------|------------|-----------|--|
| HEAD OF FAMILY | | E.O. | SHEET | | |
| L. 200 | | Langa, Gustave | | | |
| COLOR | AGE | BIRTHPLACE | | | |
| W | 25 | | | | |
| COUNTY | | CITY | | | |
| St. Bernard | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| 1 Stella | W | 20 | | | |
| Thelma | D | 13 1/2 | | | |
| | | | | | |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

| | | | | | |
|--|------------------|---|--|---|--------------------|
| 2200 | | NAME OF INDIVIDUAL
<i>Lewis, Gustavia</i> | | E.O.
<i>35</i> | SHEET
<i>14</i> |
| COLOR
<i>B</i> | AGE
<i>11</i> | BIRTHPLACE | | | |
| COUNTY
<i>Calcasieu</i> | | CITY
<i>Lake Charles</i> | | | |
| ENUMERATED WITH
<i>Hatkins, Lucy</i> | | | | | |
| RELATIONSHIP TO ABOVE | | | | | |
| <input type="checkbox"/> FATHER
<input type="checkbox"/> MOTHER
<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> GRANDMOTHER
<input type="checkbox"/> GRANDSON
<input type="checkbox"/> GRANDDAUGHTER
<input type="checkbox"/> AUNT
<input type="checkbox"/> UNCLE | | <input type="checkbox"/> NEPHEW
<input type="checkbox"/> NIECE
<input type="checkbox"/> FATHER-IN-LAW
<input type="checkbox"/> MOTHER-IN-LAW
<input type="checkbox"/> SON-IN-LAW
<input type="checkbox"/> DAUGHTER-IN-LAW
<input type="checkbox"/> BROTHER-IN-LAW
<input type="checkbox"/> SISTER-IN-LAW | | <input type="checkbox"/> INMATE
<input type="checkbox"/> NURSE
<input type="checkbox"/> PATIENT
<input type="checkbox"/> ROOMER
<input type="checkbox"/> SERVANT
<input checked="" type="checkbox"/> OTHER (Specify)
<i>Adopted</i> | |

FORM 16-57 (4-29-51)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910B-P61

| | | | | LOUISIANA | |
|-------------------------|--------------|------------------|------------|-----------|----|
| HEAD OF FAMILY | | E.D. | SHEET | | |
| L200 | | Luna, Gustave J. | | 129 | 19 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 68 | | | | |
| COUNTY | | CITY | | | |
| St. Martin | | Prake | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | RELATIONSHIP | AGE | BIRTHPLACE | | |
| Albertine | W | 54 | | | |
| Rachel | D | 17 | | | |
| Geonstang | S | 14 | | | |
| Isaac | S | 12 | | | |
| Caticokine | D | 8 | | | |
| | | | | | |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LOUISIANA

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|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| L200 | | NAME OF INDIVIDUAL
<i>Lewis Guy</i> | | E.D.
<i>61</i> | SHEET
<i>4</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR
<i>W</i> | AGE
<i>24</i> | BIRTHPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY
<i>La Salle</i> | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATED WITH
<i>Whitten Dad</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP TO ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P41

LOUISIANA

| | | | | | |
|-------------------------|-----|----------------|-----|------------|-------|
| L 200 | | HEAD OF FAMILY | | E.D. | SHEET |
| | | Lewis Guy | | 97 | 18 |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 40 | | | | |
| COUNTY | | Morehouse | | CITY | |
| | | | | | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| 1 Ruthy | | W | 40 | | |
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FORM 10-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

| | | HEAD OF FAMILY | | LOUISIANA | |
|-------------------------|-----|----------------|-----|------------|-------|
| L200 | | Lucia, Guy | | E.O. | SHEET |
| COLOR | AGE | BIRTHPLACE | | | |
| B | 34 | | | | |
| COUNTY | | St. Landry | | CITY | |
| OTHER MEMBERS OF FAMILY | | | | | |
| NAME | | RELATIONSHIP | AGE | BIRTHPLACE | |
| Pracilla | | W | 32 | | |
| Osana | | S | 12 | | |
| George | | S | 9 | | |
| Lester | | S | 6 | | |
| Ola | | D | 4 | | |
| Lloyd | | S | 2 | | |
| | | | | | |

FORM 10-636 (4-20-61)
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

